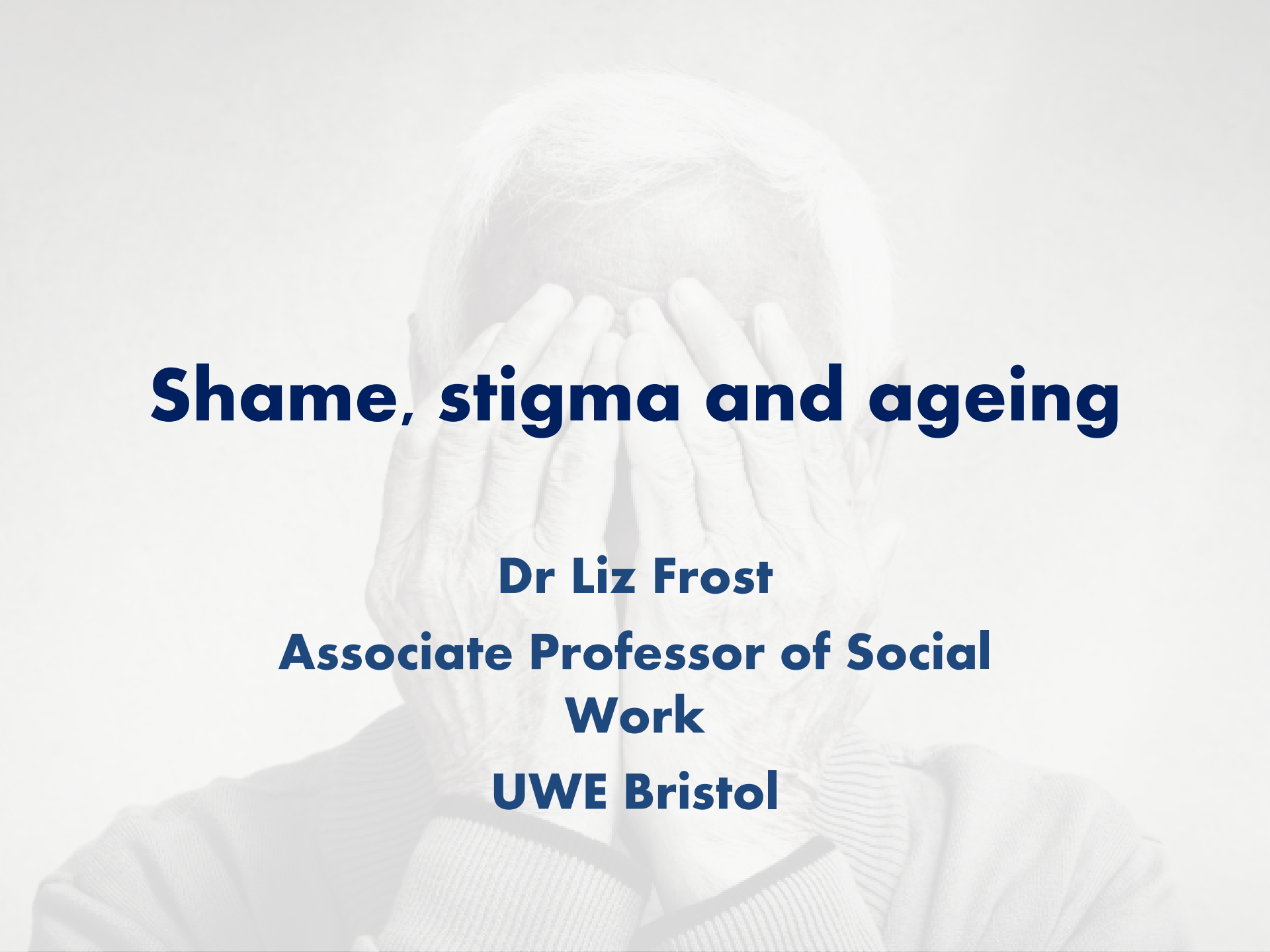

Shame, stigma and ageing

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Outline

- A schema for conceptualising shame: state, group, individual.
- Ageism: the state, the group and the individual
- Stigma as part of the mechanism of shame.
- How ageism can be addressed at a social policy and social work practice level.
- Loneliness as an example.

Shame can be conceptualised in 3 distinct realms. The shame people experience…

1. **…as members of states/nations:** in everyday parlance our 'political selves'. These are contexts in which power relations are fundamental. The actions of governments for example may generate collective shame. Agency may be experienced as limited.

…as members of groups

…classes, communities, cultures, identity categories, families and so on. Within and between these, meaning is fundamental: for example, norms which cohere and/or exclude; beliefs and discourses, all of which position some groups/acts as shameful. Agency may seem possible in some contexts.

...as individuals

Elements of our past and present experiences, imposed or chosen, can generate powerful visceral and affective responses. These may be experienced as personal, individual and, frequently, silencing and/or isolating. Agency is often assumed totally, and sometimes denied defensively.

The state, shame and ageism

The issues of oppression (age, but also class, gender etc.) social marginality, social suffering and symbolic violence are profoundly political/national (Sennett and Cobb, 1972; Bourdieu, 1984)

Global capitalism and Western consumerist norms: individualism, high valuation of autonomy and personal power lead to the denial and derogation of dependence, vulnerability and indeed ageing

The digital revolution and immediate mass exposure, the 'look'; the image; cult of youth values older people only if they can mimic youth.

At a national (and international) and policy level..

Derogatory, victim blaming and shaming rhetoric is common-place in relation to older people. Metaphors are circulated as truths:

'a burden on the economy', responsible for 'draining care budgets' and for 'bankrupting the NHS', and for blocking hospital beds (that could be given to 'more valuable' younger people?).

'A plague of dementia is coming down the tracks- the young and middle-ages will have to pick up the cost'.

65 plus age contribute 61 billion to the economy through work (37 billion) and informal care, child care and volunteering, in the UK

The group, shame and ageism: theoretical perspectives:

Structural oppression: oppressed/subaltern groups: ageism, (racism, misogyny etc.)

Stigma (Goffman, 1968), prejudice.

Scapegoating (Klein, 1946).

Lack of **recognition** from communities of value (Honneth, 1995)

The individual, stigma and ageism

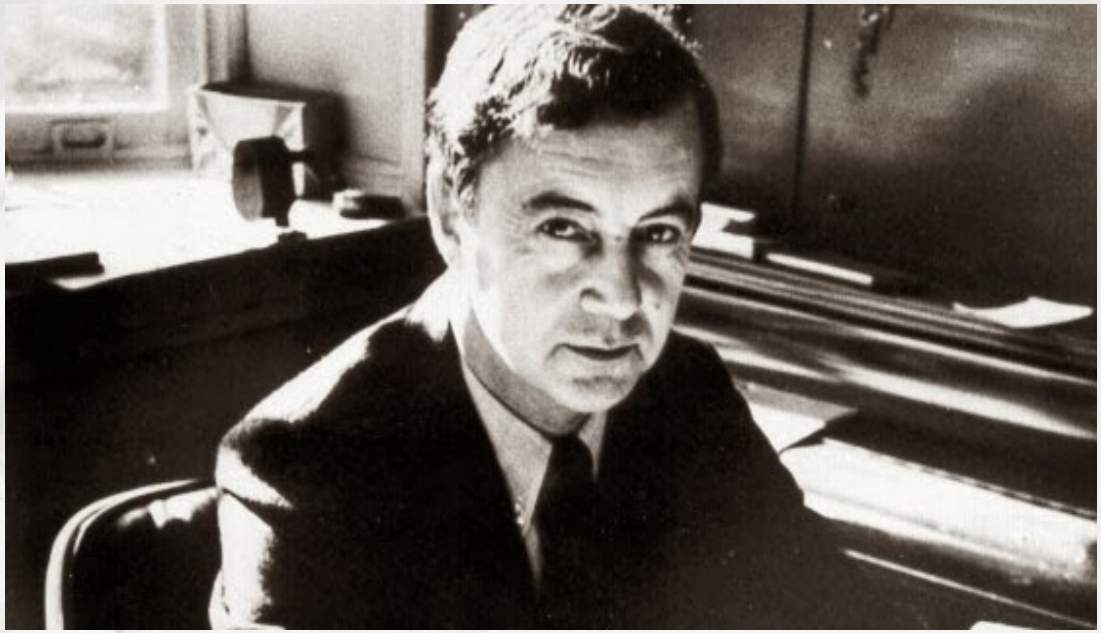
Stigma explains the intersection of all types of shame in the individual. E.g. responsibility and 'blame' engendered by new individualism/neo liberal politics:' your choice/your fault': don't 'let yourself' get old!

Stigma is useful for thinking about the incorporation of the social into the sense of self: the body; negative evaluations.

***'The stigmatised individual tends to share the same beliefs as we do….The standards he has incorporated from the wider society equip him to be intimately alive to what others see as his failing, inevitably causing him, if only for moments, to agree, that he does fall short of what he really ought to be…Shame becomes a central possibility.'* (Goffman 1963, 17-18)**

Cont..

Goffman: shame connects to the notion of identity, both how we are perceived (in 'Presentation of Self in Everyday Life') and where self-definition is undermined or limited by the negative definitions of others (in 'Stigma' and 'Asylums')



Shame has also more recently been a source of interest to symbolic interactionists such as Giddens.

Cont... Shame and the ageing body

Older people's experience of their bodies as less under their control is experienced as shaming, even if the person is aware that this is also connected (like any 'loss of control issues' in Western consumer capitalist societies) to politics and the zeitgeist.

Dependency and vulnerability are socially constructed as highly undesirable states: the need for help and to ask for help is shaming.

Ageing bodies, are shamed by e.g. their lack of masculine strength and feminine beauty (see Simone de Beauvoir). Cannot perform hegemonic gender identity.

Incontinence, disability, fading hearing are hidden where possible, causing the acute discomfort, silencing and social avoidance sometimes that shame brings.

Social policy and social work practice: state/nation

Policies in relation to **benefits**: **transport** as well as **funding for social and care services** has considerable direct and indirect impact on quality of life. Shame and stigma is intensified by **poverty, dependency** etc.

Provide **Resources** for support and carers: reverse the privatisation of care and residential services.

State shame impacts on social workers themselves: over-exposed to the ways in which society fails people: defense mechanisms of denial not really available though they might try and focus on individual pathologisation, but cannot really look the other way, so social workers are directly shamed as members of a society which blatantly fails and/or punishes vulnerable people. **Training** needs to engage with this.

Single issue politics. Activism. Anti-austerity measures. Collectives: political activism. Critical social work theory and action.

Policy and practice: society/groups

Anti-discriminatory policies. Acknowledge and work towards reversing e.g. the victimisation of people with learning disabilities.

Employ e.g. older and disabled people and people with mental health histories.

Social workers need to: work towards anti-discriminatory practice.

Challenge disempowering oppressions and discourses.

Work with the community and the media: e.g. the neighbours of elderly frail people, those who self-neglect or people who are very disturbed/mentally ill.

Community focus for Service Users; reconnecting with meaningful groups; collectivisation to repel stigma and restore esteem.

SW's need to develop their own communities of value to counteract anti-social work pressure .

Policy and practice: the individual

SW to keep in mind…**Shame disconnects and separates**- its power is not, as Honneth suggests, that it drives people to collective action, but that it drives them to silence, retreat, disconnection(Nussbaum 2004).

limit individual damage from the state: pensions etc. And **limit disrespect** in other systems. From education through to pensions, non-shaming policy frameworks are needed. Social workers need to encourage people to talk, and to listen.

Therapeutic relationships help people speak**.** '**Relationship based practice**' in social work.

Social work needs resources for **careful long term practice**; better **training**, leading to greater understanding . Being aware of the disrespect older people may experience in systems, and countering this. **Anti-ageist practice**.

Social workers need to support proper **opportunities for respect and esteem**.

One (shaming) problem of ageing: loneliness

Teenagers and old people are most likely to experience loneliness.

Loneliness is an unmentionable, internalised, painful source of shame. (Also of course the product of political decisions and social reinforcement), but experienced acutely by the individual. Shame isolates (e.g. shame of physical failures)

Loneliness in itself is shaming (try saying it to someone)

Resources and possibilities?

E.g. A Swedish colleague explained that older people can get very reduced taxi fares so they can get out, even when they have limited mobility: safely, door to door, where and when they chose (a couple of trips a week). This is the kind of no-shame, self-determining service social services should aim for.

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