



**UNIVERSITÉ  
DE GENÈVE**

**CENTRE INTERFACULTAIRE  
DE GÉRONTOLOGIE**



Pôle de recherche national

# **Ageing and Disability A Story about Ageing Perceptions and Realities in French-Speaking Switzerland, 1966-2011**

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**European Social Science History Association,  
Glasgow, April 13th, 2012**



# VLV Survey: Old Age Democratization? Progresses within Inequalities

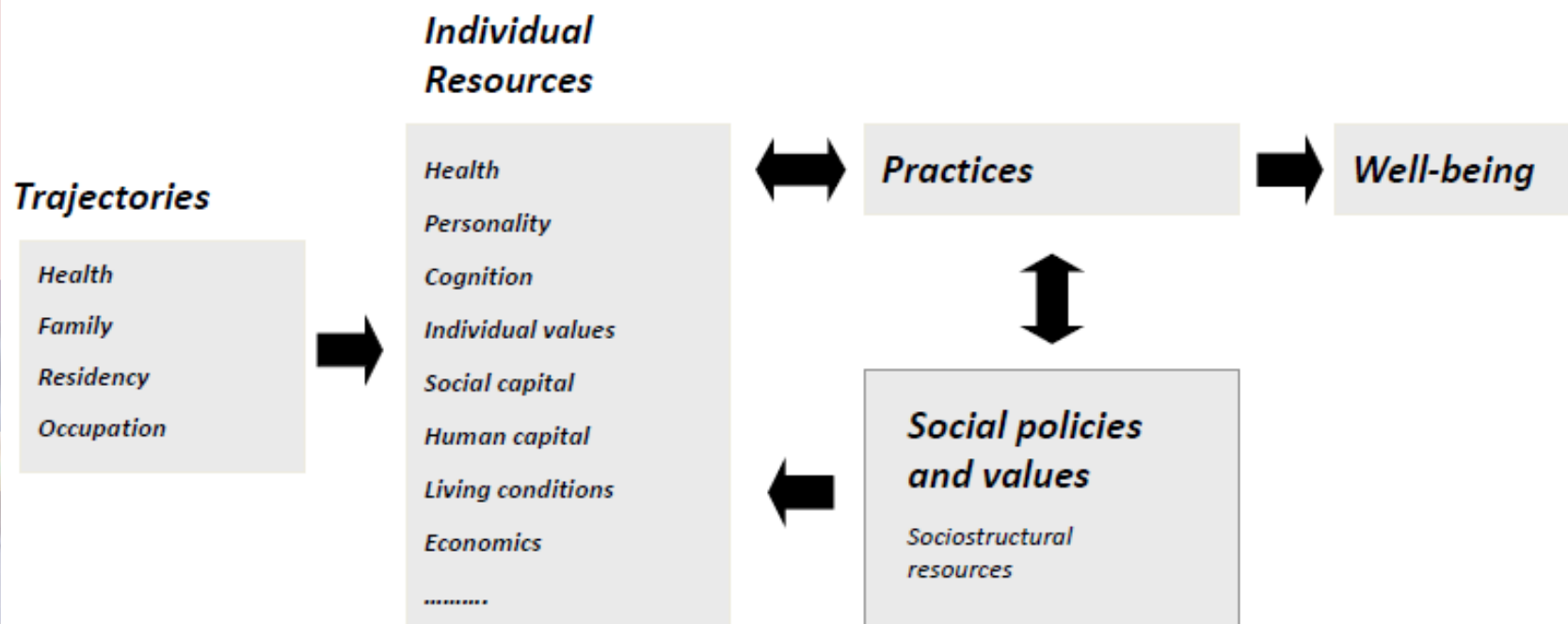
- SNSF Foundation Project
- NCCR LIVES
- University of Geneva
- Pro Senectute Switzerland



## Targets

Central Valais	720 (65 & +)
Geneva	720
Bern	720
Ticino	720
Basel S & L	720
Portuguese, Spaniards, Italians in Geneva	(125 + 125)
Italians et ex-Yougoslavians in Basel	125 + 125
« Linked lives » in Geneva	100

# Figure 1: VLV theoretical model for an interdisciplinary approach



# VLV questions and social history

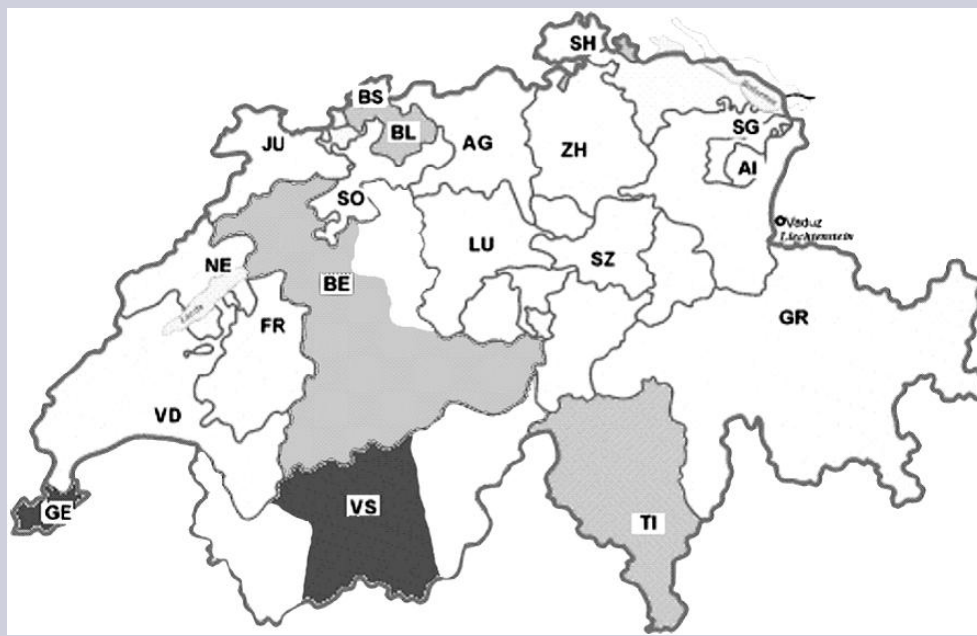
- Well-Being and living conditions of the elderly
  - Heterogeneity = resources inequality
  - Resources and social support
  - Situations of vulnerability
  - Their construction across the life course



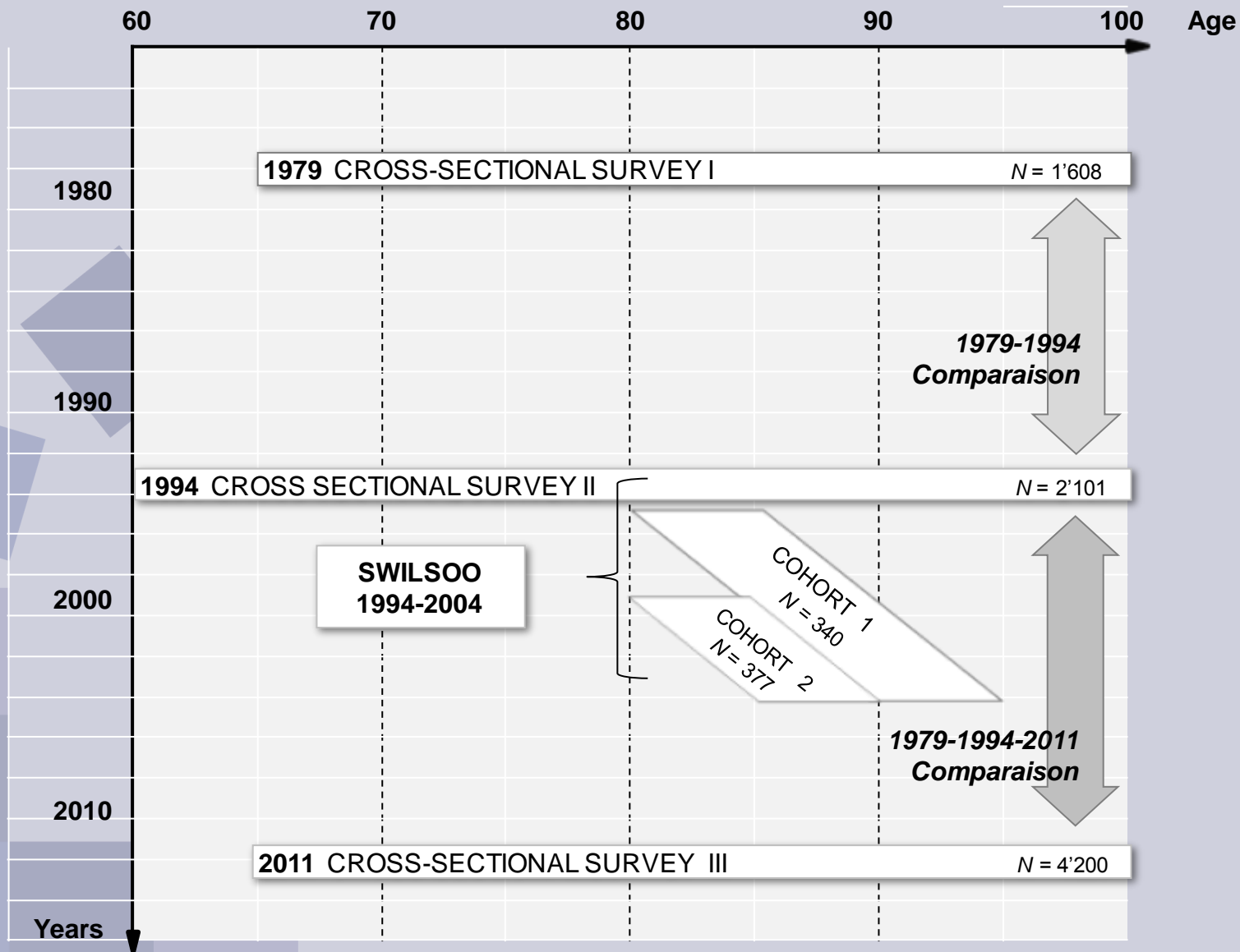


# VLV Questions and social history

- Well-being and living conditions of the elderly
- Spatial and institutional diversity
- Continuities and discontinuities in progresses?

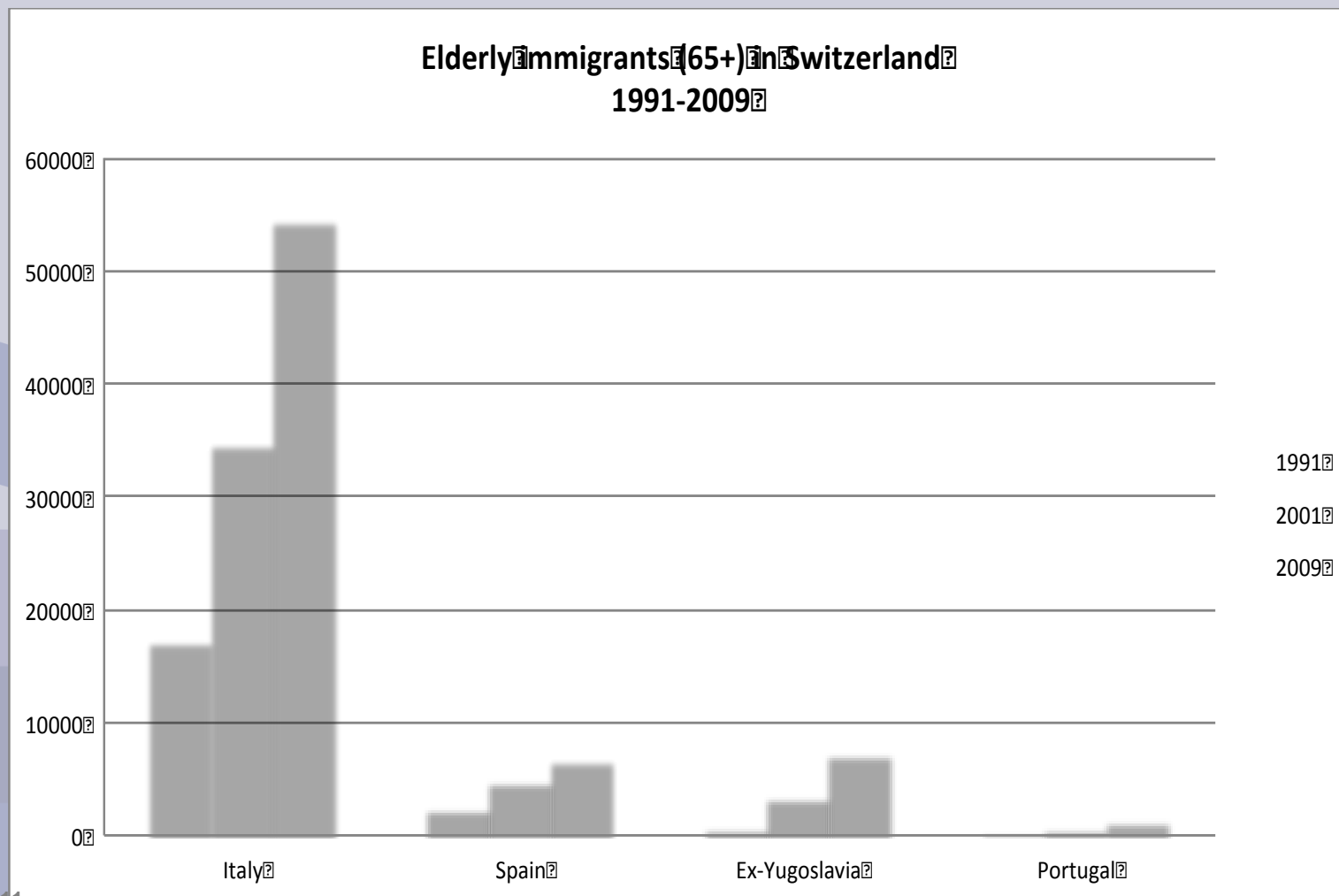


# VLV questions and social history



# Immigrants aging in Switzerland

## An illustration of the effect of compositional changes



1991  
2001  
2009



# Changes in Age Prevalence of Disabilities: a short literature review

- Activities of Daily Living
- Instrumental Activities of Daily Living
  - Americans aged 70 years & over: stability of ADL and IADL from 1984 to 2000 (Crimmins et al. 2009)
  - Trend in severe disability: increase in some countries and decline in others (OECD 2007)
  - Difficulties of cross-national comparisons (Clarke & Smith 2011)

# What about historical comparisons?

*Understanding the development of the dominant understanding of health in elderly people since the 1960s in Switzerland:*

- What has been the **official discourse on elderly people's health** in the 1960s and 70s in Switzerland?
- **How has health in the elderly been studied quantitatively** since the 1970s?

# METHODS

## A) Discourse analysis of the chapter on health in 2 GOVERNMENTAL REPORTS ON AGING

1.Report

1966

2. Report

1979

(3.Report )

1995

2011

1.Survey

2.Survey

3.Survey

## B) Comparison of the dimensions of health in 3 INTERDISCIPLINARY SURVEYS

# A history of aging perceptions in the 20th century

## ❖ **Negative view of aging** ( -1940)

Organization of society around stages 1) preparation for work and 2) work life; aging is associated with = weakness, poverty, preparation for death

## ❖ **“Invention” of old age** as a separate stage in life course (1940-1960)

1948 generalized pension system for people aged 65+ in Switzerland

## ❖ **Emergence of “successful aging”** (1970 – today)

Distinction between « **third age** » (freedom, self-actualisation) and « **fourth age** » (dependency, fragility)

Index of the chapter on health:

## **„Medical aspects of aging“**

- I **Biological aspects** of aging
- II **Diseases and conditions** of elderly people
- III **Mental Health** Concerns in the Elderly
- IV **Socio-medical measures** for elderly people
- V **Institutions** for sick elderly people in Switzerland
- VI State of gerontological **research** in Switzerland

# „Medicalization“..?

I Biological study of aging

II Diseases

III Mental Health Concerns in the Elderly

IV Socio-medical measures for elderly people

**a) Housing**

**b) Home care**

**c) Occupations**

**d) Economic security**

V Institutions for sick elderly people in Switzerland

VI State of gerontological research in Switzerland

# „Medicalization“..?

I Biological study of aging

II Diseases

III Mental Health Concerns in the Elderly

IV Socio-medical measures for elderly people

a) Housing

b) Home care

c) Occupations

d) Economic security

## INDEX OF 1966 REPORT

I) The aging of the population and of the

II) The **economic** and material situation

III) **Housing** problems of the elderly

I) **Leisure and care** of elderly people

V Institutions for sick elderly people in Switzerland

VI State of gerontological research in Switzerland



## ... or a *holistic* approach to health?

a) *social context*

b) *diversity of aging experiences*

c) *subjective well-being / quality of life*

«There is a motto of American gerontologists worth mentioning here: “We don't want to simply add years to lives but also add life to years.” This objective can only be reached if one takes into account the social situation and the living conditions in which elderly people live.»

*(The Problems of Aging in Switzerland, p.43)*

# Underlying stereotypes of elderly people

- Passage to retirement as a time of fragility
- Society's negative on elderly and aging
- Elderly's negative perspective on themselves

# The 1979 government report

## « ~~THE PROBLEMS OF~~ AGING IN SWITZERLAND »

- Close to same structure and content as in 1966
- Increased emphasis on quality of life
- More optimistic view on the process of aging and of the elderly

“It is possible that a person's mental state becomes more steady when growing older; he may become more tranquil and calm, more peaceful and thoughtful; he can have a better grasp of the big picture and better analytical skills despite diminishing physical strength. ”

*(Aging in Switzerland, p.68)*

# The paradigm shift of 1979:

*From Expert Knowledge to  
Empirical Data Based on  
Personal Interviews*

<b>SURVEY</b>	<b>1979</b>	<b>1994</b>	<b>2011</b>
<b>Title</b>	„Exclusion and Dependency of elderly people“	„Aging. Situations, Trajectories and Life Styles of Elderly People“	„Old Age Democratization? Progress and Inequalities in Switzerland“
<b>Regions covered</b>	Genève, Valais	Genève, Valais	French: Genève, Valais German: Bern, Basel Italian: Ticino
<b>Sample (stratified by gender and age)</b>	1600	1900	4200 (500 migrant - oversample)
<b>Population interviewed</b>	Aged 65+ Living at home	Aged 65 - 94 Living at home	Aged 65+ Living at home and in institution
<b>Questionnaire</b>	Face to face, self-administered	Face to face interview, self-administered questionnaire, proxy-interview	Face to face interview, self-administered questionnaire, proxy-interview

DIMENSIONS OF HEALTH		1979	1994	2011
Physical Health	General state	Currently suffering at:		
		a) the consequences of an accident		
		b) the consequences of a disease		
		c) the consequences of surgery		
	Functional Health	visual <u>impairment</u>		
		hearing <u>impairment</u>		
		incontinence		
		BADL		
	Subjective health	Self-evaluation of health state		
		recent changes		
		Comparison with others		
			Comparison with partner	
Pain				current pain in which body part
				low back pain
				intensity, frequency, duration
				impact on daily life
Mental Health	Health trajectory	Health problems at age 45		
	Depression	Symptoms of depression		
	Attitudes			world view, perceived control, personality
	Cognition			Cognitive Tests
	Risk Behavior		smoking	smoking
			alcohol	alcohol
Health trajectory		Health problems at age 45		Health events in event history calendar

# CONCLUSIONS

- ❖ Smooth and gradual transition
- ❖ Coexistence of both views – degeneracy and successful aging
- ❖ A comparison of variables (across space or time) is never just a simple statistical question