



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

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VIVRE

LEBEN

**VIVERE** 



### **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

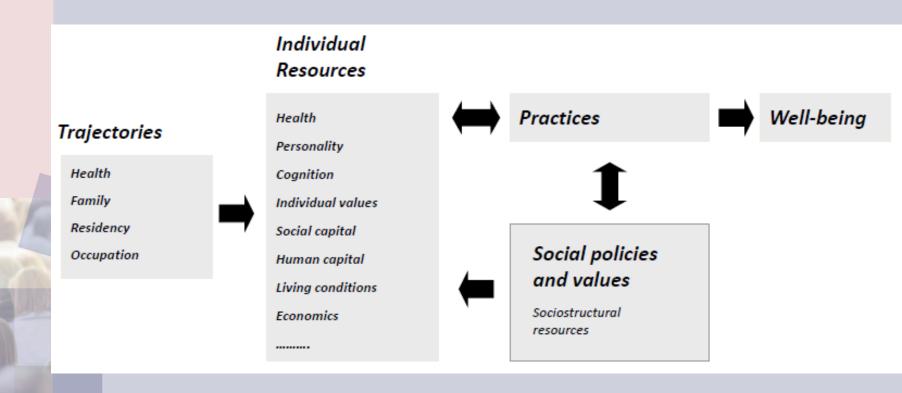
Portuguese, Spaniards, Italians in Geneva (125 + 125)125 + 125Italians et ex-Yougoslavians in Basel

« 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









#### **VIVRE** LEBEN **VIVERE**

Questionnaire I















#### alendrier de vie

intéressons maintenant aux et transitions que vous avez vécus

remplir ce calendrier sur la base s figurant ci-dessous. Pour vous vez consulter les exemples fournis

#### Résidence

ionner votre lieu de vie à la nsi que tout déménagement, en pmmune et l'initiale du canton (le nger).

#### Famille/couple

tionner les changements dans couple (rencontres et séparations; orces et veuvages) et familiale s enfants et décès de proches).

#### Activité

onner les changements dans les ercées (formation; métiers et iodes au foyer; chômage; arrêts

#### Taux

ivités rémunérées, indiquez les importants de taux de travail.

#### Santé

ionner les problèmes de santé ccidents, maladies, hospitalisations,

#### Nationalité

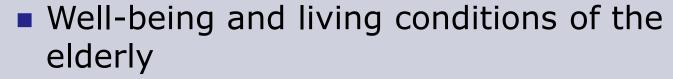
uer votre/vos nationalité/s à la

s pas d'origine suisse, veuillez changements de statut juridique ermis B, permis C, naturalisation,

		Résidence	Famille / couple	Activité		Santé Nationalité		
Année	Age				Taux		Age	An
1938	0	Genève, GE				Suiste	0	15
1939	2						1 2	19
1941	3						3	19
1942	4						4	15
1943 1944	5			Forla de la live	d.,		5	19
1945	7			Ecole enfantine :	7		7	15
1946	8			(			8	15
1947	9					Sanatorium pendant un an	9	15
1948 1949	11		de corps des			a Crans - Montana et scolante en paral	11	19
1950	12	Morges, VO/GREW	Secaration parents	-Pensionnat-intern	at		12	15
1951	13	and the contract		catholique sals	sten		13	15
1952 1953	14						14 15	19
1954	16			Technicom en			16	15
1955	17			architecture			17	15
1956	18						18	15
1957 1958	19						19	19
1959	21			Architecte	100%		21	15
1960	22				2100 /1		22	15
961	23		Remonthe Daniel	e			23	15
1962 1963	24 25	Manda CC	Mariage Danielle				24 25	19
1964	26	Meyrin, GE	Manufe Daniere				26	15
1965	27						27	15
1966 1967	28		Naissance Alexia				28	15
1968	30		NOUSTAINE ARKIA				29	15
1969	31						31	15
1970	32		L			Dépistage d'un Phabèle aucc régime	32	15
1971 1972	33 34	Mounda Cat	Naissance Karine	Achial a kar		thabète auco régime	33 34	15
1973	35	Meyrin, GE		TICKNESS PULL SEL	AN ANZ		35	15
1974	36						36	19
1975 1976	37 38						37 38	15
1976	39						38	19
1978	40			Architecte independ	ant de	n%	40	15
1979	41			The state of the s			41	15
1980 1981	42 43						42 43	19
1982	44						44	15
1983	45						45	15
1984 1985	46 47						46	15
1985	48						47 48	19
1987	49		Accident moto				49	15
1988	50		Compagnon Alexia				50	15
1989 1990	51 52		1.0				51 52	15
1991	53						53	15
1992	54						54	19
1993	55						55	15
1994 1995	56 57			fin achine korne	de.	Empolio minumo in 1 samenal	56 57	15
1996	58			The deline Kolice	K.W.	Embolie pulmonaire (1 semaire)	58	15
1997	59					0 0 111111111	59	19
1998 1999	60		200				60	19
2000	62		Dece more				61 62	19
2001	63		Décès père				63	20
2002	64			A			64	20
2003 2004	65 66			Age AVS mais to	ryour	2	65 66	20
2004	67			en activité			67	20
2006	68						68	20
2007	69						69	20
2008	70					Patielle nauche (2:)	70 71	20
2010	72					Rétirite gauche (2 jours)	72	20
2011	73			teujous exachite	1004		73	20
Année	Age			J	Taux		Age	An
		Résidence	Famille / couple	Activité		Santé Nationalité		
								_

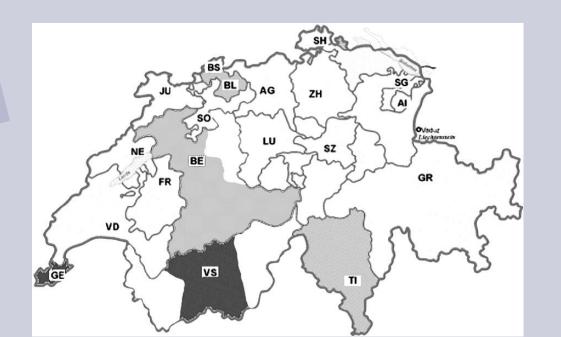


## **VLV Questions and social history**



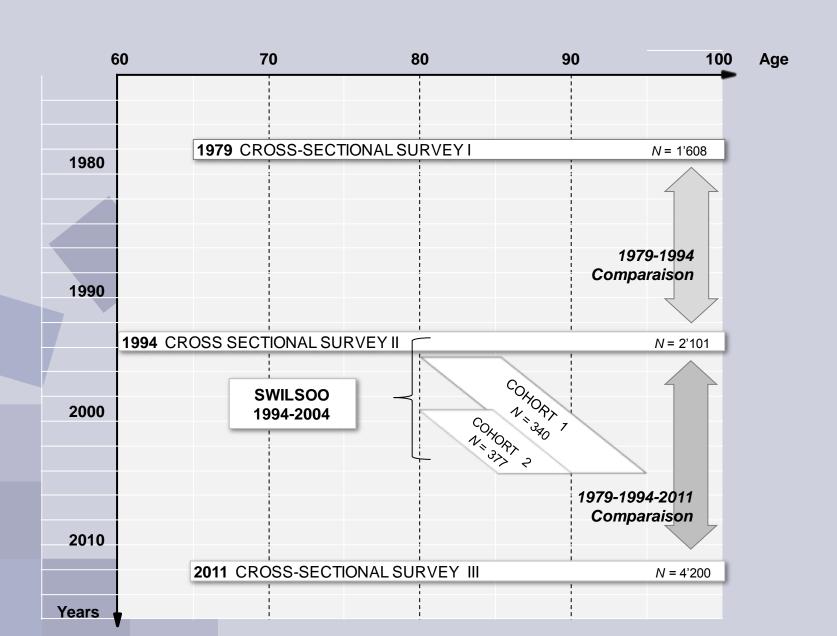
- Spatial and institutional diversity
- Continuities and discontinuities in progresses?





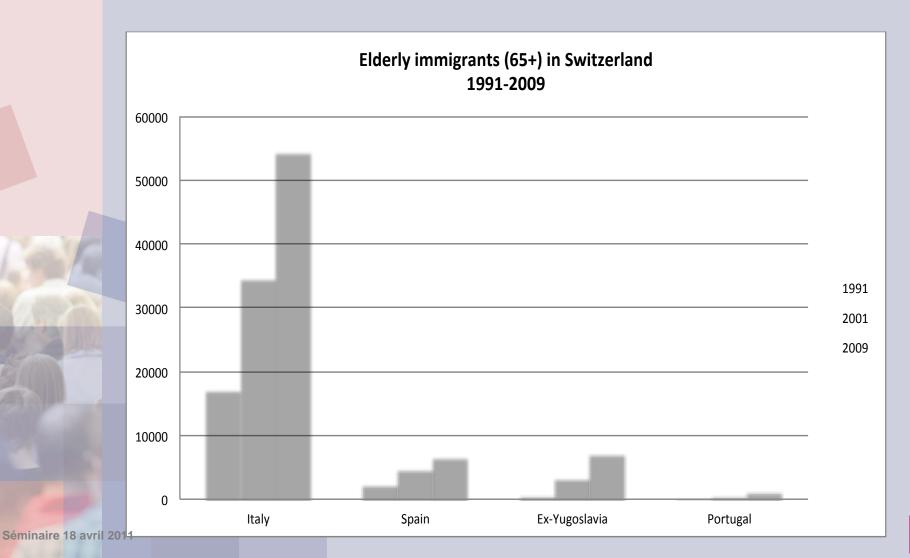


## **VLV questions and social history**





## Immigrants aging in Switzerland An illustration of the effect of compositional changes





## 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?

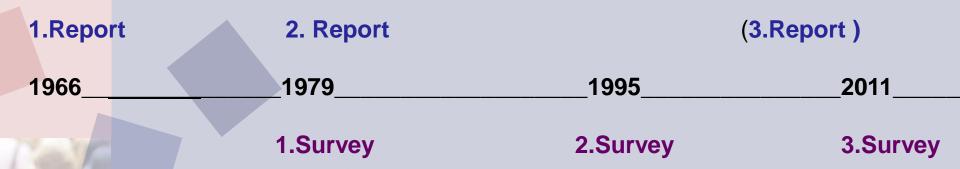
Understanding the development of the dominant understanding of health in elderly people since the 1960s in Switzerland:

- 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



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"

- Biological apects of aging
- Il 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

#### **INDEX OF 1966 REPORT**

- III Mental Health Concerns in the Elderly

  The aging of the population and of the
- IV Socio-medical measures for elderly people
  - The **economic** and material situation Housing
  - Home care | | | | Housing problems of the elderly
  - c) Occupations
  - Economic decurteisure 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



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



DIMENSIONS OF HEALTH		1979	1994	2011
Physical Health	General state	Currently suffering of:		
		<ul> <li>a) the consequences of an accident</li> </ul>		
		b) the consequences of a disease		
		c) the consequences of surgery		
	Functional Health	visual <u>impairement</u>		
		hearing <u>impairement</u>		
		inconti nence		
		BADL	LATE	
	Culsio ofice		IADL	
	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, perdieved control, personality
	Cognition			Cognitive Tests
	Risk		smoking	smoking
	Behavior		alc ohol	alcohol
Health trajectory		Health problems at age 45		Health events in event hi story 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