

Is that all there is? The concept of care and the dialectic of critique

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Abstract

Recognition of the usefulness of critical social analysis for gerontology has been increasing just as a range of new problems, ranging from globalization to the anti-aging movement, are posing fresh questions about ideology, legitimation and inequality for the study of aging. Such problems and questions represent the negative moment of critique in the theory–practice dialectic. As is generally true of critical theory, in critical gerontology it is rare to find research that reflects a positive movement toward emancipatory change. Yet gerontology is one of the fields that offers special opportunities for critiquing the status quo of aging and elders in society, envisioning new possibilities for aging and developing practices that produce positive change. This paper describes the movement of our own thinking and work, away from a primary focus on analysis and critique and toward an embrace of the possibilities of generating and sustaining change in organizational care settings. We argue that principles of critical developmental and social theory can be used to reframe the concept of care, and we describe briefly how the methodology of action research can be applied in efforts to create new opportunities and possibilities in the everyday experience of elders in long-term care. In our work, we are learning how a constructive theory–practice dialectic can be initiated when critical principles are applied to a practical and urgent domain — the domain of interpersonal care within long-term care institutions for elders.

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Introduction

From its beginnings, the symbiotically interdependent discourses of functionalist sociology and developmental psychology have provided the dominant theoretical narratives of social gerontology. The dominance of these intertwined approaches has often been unintended rather than deliberate. Gerontology as a field has paid

relatively little attention to issues of theory, instead focusing heavily the “social problems” aspects of aging, and on the collection of data geared to address issues ranging from caregiver burden to incontinence to depression (Hagestad & Dannefer, 2001). Justifiably concerned with the rapidly expanding problems of old age in a society that is both ageist and graying, many gerontological researchers have found little time to think in terms of overarching models or underlying assumptions. Yet over the past two decades, it has been noted with increasing frequency that the social problems orientation has not been without cost. It resulted in empirical studies with limited ability to contribute to knowledge

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accumulation, and it constrained the kinds of questions that seemed relevant, obscuring from view constitutive elements of the process of aging (Dannefer, 1984; Kastenbaum, 1981). Gerontology has been, in the oft-repeated assessment of James Birren and Vern Bengtson (1988), “data rich and theory poor”.

This set of conditions has made social gerontology an “easy mark” for those with training in critical social theory and related traditions. Over the past two decades, numerous critical analyses of knowledge in gerontology and related fields have been offered by scholars working from a range of critical perspectives, including political economy, hermeneutics and ideology critique. These lines of critical scholarship introduced useful analytical perspectives for both qualitative and quantitative research and encouraged the larger community of gerontological researchers to reflect on unquestioned assumptions and to clarify their premises. The need for critical social analysis in gerontology has not diminished: Emerging issues ranging from the anti-aging movement to globalization are posing new issues of ideology, legitimation and inequality, while newly packaged reductionist approaches, ranging from rational choice theory to misunderstood evolutionary thought, continue to appeal to many of our colleagues in gerontology and related fields.

While such analyses thus will continue to be needed and important, it must also be asked how fully they represent the *potential* contributions of critical social analysis. Specifically, we are concerned that most current analyses represent only the more straightforward aspects of the project of critical theory. The delimited focus, straightforward logic, and theoretically vulnerable targets of such critiques have made them *intellectually easy* to make, while their detachment from difficult ethical dilemmas and often-gripping personal realities of aging in everyday life make them *existentially easy* to make. They are well within the comfort zone of those who Bill Pinar has termed “Macho Marxists” (1994), who are content to make analytically compelling critiques of a specific problem, while avoiding questions that are less easy to dispense with, or that require more personal and existential engagement and critical self-reflection on the part of the theorist her/himself.

Hence the question, “Is that all there is?” We suggest that a focus on macro-level analyses of political economy and knowledge construction has allowed other relevant issues to go largely unacknowledged and neglected by social scientists. Aging studies and gerontology deal unavoidably with the material, organismic foundation of human existence. Thus, they confront scholars with the stubborn realities of the ultimately precarious nature of existence, and with questions of the

significance of human individuality, of the meaning of age, frailty and mortality, and of the fundamental character of collective human experience (Derks, *in press*). Such questions transcend social and historical location, even though the answers offered are always historically and socially located. Yet critical gerontology, with few exceptions (Cole, Kastenbaum, & Ray, 2000; Ray, 2000) has been quite silent on the nature of lives and relationships in the immediacy of everyday experience in the current historical moment.

These issues are hardly irrelevant to the larger project of the critical tradition, which is based on a vision of human wholeness and possibility realized through a dialectic of theory and practice. Within this project, critique is properly understood not as the consummate goal of analysis, but as a point of embarkation. It is an initial step, a moment of negation in a theory–practice dialectic, whose intent is to move toward a fuller realization of human interests and to expand the horizon of emancipatory ideals.

While the problems of personal anxiety and death, vulnerability, frailty and dependency can be aggravated by social conditions, they are not entirely reducible to matters of politics and ideology. Although social arrangements clearly produce *surplus suffering* (Dannefer, 2006), the generic experiences of suffering, anxiety and vulnerability are fundamental to lived experience. They are an integral part of the ontogeny of the organism, through which the material world is linked to human society, and they are preoccupations of every cultural tradition, bound up with issues of human interest, significance and meaning.

While some of these knottier questions may extend beyond the realm of empirical science to domains such as metaphysics or theology, others are practical and are centrally relevant to personal engagement in everyday life. Under the imposed conditions of human destructiveness that are part of everyday life (Fromm, 1973), are there yet possibilities of progressive movement? Whatever is occurring at the macro-level, micro-interaction is the site where human agency is universally expressed, as consciousness is externalized in human activity. The capacities of social forms are mediated by ‘artful’ achievements of everyday agency. Although most such activity is inherently reproductive (since it is expressed through the conservative institution of language), face-to-face interaction also offers a potential entry point for change, including efforts at deliberate progressive change, even under adverse macro-level conditions. It is, after all, a site at which imagination and intentionality are formulated and articulated by individual actors.

We have three objectives in this paper which reflect a dialectical progression of understanding of the potentials of critical theory: 1) to review briefly the contributions of critical gerontology, especially from a sociological perspective; 2) to consider the extent to which neglected but humanly urgent questions of everyday consciousness and experience are amenable to analysis within the framework of critical theory; and 3) to illustrate, using an example from our own recent work, how a constructive theory–practice dialectic can be initiated when critical principles are applied to a practical and urgent domain, that of interpersonal care within long-term care institutions.

Theory critique: working in our comfort zone

Those of us who began in the 1980s to approach gerontology with the resources of critical theory found a field seemingly ripe for deconstruction and critical analysis. As noted earlier, the symbiosis between functionalist theories in sociology on one hand, and maturational theories in psychology on the other, had acted to constrain the kinds of questions asked (Dannefer forthcoming). Despite these working theoretical limitations, pioneering social gerontologists deserve credit for beginning the task of a critical deconstruction of age, contributing concepts such as: the *roleless role*, questioning the healthfulness and legitimacy of retirement (Burgess, 1960; Rosow, 1967); *induced incompetence* as a product of the dynamics of social interaction (Bengtson, 1973); *cohort-centrism* as a myopia of knowledge about age and *structural lag* as describing “society’s failure” to deal with changing age-related potentials (Riley, 1978; Riley & Riley, 1994); the recognition of *life course as a feature of social structure* (Cain, 1964); and even the vision of an *age-irrelevant society* (Neugarten, 1996). Those who contributed such insights emphasized the primacy of the social and created an opening within which the need for a more thoroughgoing critical analysis could be recognized. Yet these earlier critiques were limited to matters directly related to the concept of age, with scant acknowledgment of the intersection of age with broader issues of ideology and conflict, or of social processes that systematically generate inequality and discrimination.

Given these circumstances, a theoretical void in much of the field of social gerontology was readily apparent to those with a background in social theory who began to take up problems of social gerontology, theorists whose training (in the latter part of the 20th century) typically included exposure to a range of critical and constructivist approaches to social theory.

Analytical concepts drawn from these approaches (e.g., power, ideology, inequality, legitimation, action) began to be introduced to gerontological discourse. The omission of such concepts from gerontology up until that time was largely congruent with the limitations of conventional functionalist theorizing, and they invited critiques from the perspectives of political economy (Estes, 1979, 2004; Phillipson & Walker, 1986); the sociology of knowledge and ideology critique (Dannefer, 1984, 1988; Dannefer et al., 2005; Katz, 1994) and constructivism and related interactionist approaches (e.g., Gubrium, 1976; Gubrium, Holstein & Buckholdt, 1994; Dannefer, 1989; Marshall & Tindale, 1978). *Political economy* analyses of old age policy and related matters (for example, Myles & Quadagno, 1991; Phillipson & Walker, 1986; Quadagno, 1988) were complemented by the concept of *cumulative disadvantage*, demonstrating an interaction between age and cohort-based processes of inequality generation and amplification (Crystal & Shea, 1990, 2002; Dannefer, 1987, 1988, 2003; O’Rand, 1996). Scholars working from a constructivist perspective extended the critique in a variety of directions, each of which led to new theoretical insights and contributions. These have included the explication of *power relations* as shaping the experience of aging, both at the macro-level (Walker, 1981; Estes, 1979; Quadagno, 1988) and at the micro-level (Gubrium et al., 1994), and the analysis of power as *gendered* (Calasanti, 2003; Estes, 1979, 2006; Ray, 1999). It has also included new critiques of developmental theory, including analyses of the “*biologising*” of childhood (Morris, 1995), the *ontogenetic fallacy* (Dannefer, 1984), *medicalization* (Minkler & Estes, 1990) and the *construction of health and disease* as related to age (Douthit, 2006; Gubrium, 1986; Katz, 2006; Stein, 2004) and, most fundamentally, of age and development as *socially constituted* (Baars, 1991; Dannefer & Douthit, 2006; Katz, 1994; Morss, 1995). It has also included the analysis of power dynamics in micro-interaction and the *asymmetry of agentic action* (e.g., Dannefer, 1999; Gubrium et al., 1994), and the location and organization of individual action by more enduring cultural and social structures. As a foundational thinker once observed, “men (sic) make history but not under the conditions of their own choosing” (Marx, 1852). Such critical analyses have been applied to a wide range of research and scholarly traditions, including those who identify with a more humanistically oriented approach to the critical tradition (Dannefer, 2006).

Despite the continuing need for such work, it is important to be clear that this remains, essentially, a project of critique and negation. While we regard critique

as an essential and perennial task, the comfort of the negative moment and its incompleteness in relation to a vision of progressive forward movement are matters that have concerned us for some time. Beyond the analysis of power and ideology, the tradition of critical theory is founded on a vision of human emancipation and possibility.

Integrating critique with action: beyond the comfort zone

A fundamental principle of critical theory is the importance of linking theory and practice. The problems illuminated by political economy and ideology critique are problems of the real world, and the application of critical theory to these problems entails moving from critical analysis per se to its application in real-life settings.

If social gerontology has been fertile ground for the “negative moment” of theory critique, it may offer equal promise for efforts to realize a positive theory–practice dialectic of change. Surely, there is no single path to move from the negative moment to affirmation. For us, the path was created by challenges from practitioners and activists intensely involved in real-life change efforts, who were justifiably suspicious of the academy. In various ways, we were asked “*So what?*” What can theory offer to individuals who are working simultaneously to transform institutional life while continuing to deliver services to the resident clientele on a daily basis?

Multiple forms of this question confronted Dale when he was invited to attend what became the founding meeting of the Nursing Home Pioneers in Rochester, New York in 1996. This event convened a national cast of visionary practitioners who were not merely unhappy with the institutional form of long-term care in the US, but were actively working to change its structure and culture, whether in local frontline settings or in national lobbying efforts. As an outsider — a detached academic observer who then knew little about long-term care issues — Dale recognized the resonance between the critical theory tradition and the culture change movement’s critique of the current system and vision of alternative, humanizing modes of organization.

From conversations begun at this event, Dale was soon invited to study the process of culture change at two area residential care facilities and was joined by Paul Stein. While the initial study (Dannefer & Stein, 2000) readily showed the benefits of institutional efforts at culture change, Stein envisioned modes of change that engaged residents more deeply and proactively in the

change process. Based on his dissertation research on meaning-making among dementia residents (2004), Stein led the effort in developing a participatory action research plan designed to engage residents, families and staff in the change process, which has been successfully used in several facilities (Stein & Dannefer, 2001; Siders, Patterson, & Dannefer, 2006; Patterson, Siders, & Dannefer, 2007).

This work represents our attempt to answer the questions posed to theorists and by practitioners: “*So what?*” and “*Is that all there is?*” In the paragraphs that follow, we attempt to share what we have learned in the process, illustrating how critical theory can offer not just critique, but also a way forward in the theory–practice dialectic, using as an example one specific theoretical construct, the concept of *care*.

As noted, the culture change movement’s vision and principles share the impulses for cultural and institutional critique that typify a critical social perspective. As articulated by the Nursing Home Pioneers, the Eden Alternative, the Greenhouse Project and other initiatives, the movement defines itself as dedicated to rejecting negative cultural evaluations of age and the concomitant institutional forms. Its principles include human *affirmation* (postulating positive values of elderhood in the face of a medicalized ageism); *empowerment* (counterposing it to the relative powerlessness and dependency of nursing home residents); *respect for labor*, specifically the undervalued and undercompensated labor of frontline caregivers; and *eliminating* what have been termed the “*three plagues*” of nursing home life — boredom, helplessness and loneliness (Thomas, 1996). These objectives resonate strongly with the tradition of critical theory in their recognition of contradictions between human interest and the logic and practice of institutions supposedly designed for elder care, in their critique of old age as a segment of the life course that is needlessly medicalized and stigmatized, in their positive re-evaluation of labor (specifically of the importance of frontline care work) and in the self-critical reflection as an integral part of ongoing practice of everyday life.

Of course, established organizational structures and cultures are remarkably resistant to change. Change efforts have found themselves caught between constraints imposed by the continuing hegemony of the medical model culture, regulations, cost constraints, the professional self-interest of the nursing profession, union rules, and the inertia of hyper-habituated practices and expectations. Operating in the midst of this organizational cross-fire with its own agendas and contradictions, the culture change movement itself offers an

additional ready target for critical social analysis. This is a setting ripe for theory–practice interaction. The interface between resident and frontline staff is precisely one of those arenas, as noted earlier, where reality is constituted in the ongoing interaction of everyday life.

In the paragraphs that follow, we attempt to share what we are learning in attempting to answer this question of “so what?” by illustrating how critical theory can offer not just critique, but can contribute to positive, progressive change through a theory–practice dialectic.

Theory, practice and the concept of care

To illustrate what we are learning about using the critical approach to affirm the positive moment of change, we focus on the meaning of one of the central categories of nursing home life, the concept of care. Like aging itself, care is an extensively used concept that has been markedly under-theorized by conventional gerontology. The term is implicit or explicit in the myriad terms describing support in old age — long-term care, acute and palliative care, hospice care, caregiving and caregiver burden, and even “care-getting” (Kahana, Kahana, & Wykle, *in press*). A common denominator of most of these discussions has been the framing of care and caregiving as social problems. Whether for families, policymakers or the long-term care industry, much of the literature on care is problem-focused. There have, however, been a number of efforts to at developing a systematic conceptualization of care (Larrabee, 1993; Meyer, 2000; Sevenhuijsen, 1998).

Noddings’ (1984) influential treatment of the meaning of care and its personal and contextual dimensions warrants special consideration, because of its rigor and impact. Writing from an explicitly gendered perspective, she considers psychosocial and interpersonal aspects of the relationship between, in her terms, the “one-caring” and the “cared-for”. Given our concerns, it is worth noting that her treatment includes discussion of occasions in which the care recipient assumes the role of caregiver (the “cared-for” becoming the “one-caring”). Significantly, however, Noddings regards a situation in which the “cared-for” functions as a carer to be a problem rather than an opportunity. In her example, the caregiver is disengaged from the care process and fails to deliver needed care, and the “cared-for”, sensing her disengagement and possible distress, acts to reassure her that she is doing a good job (1984:76–78). For Noddings, this is a straightforward matter of “inauthenticity.” While such a situation may be instructive at a number of levels and certainly has an aspect of inauthenticity, it barely scratches the surface of the poten-

tials of the “cared-for” to be engaged in the care process. What Noddings advocates is a protection of the care relationship as a unidirectional relationship of power and dependency. It leaves intact the institutionalization of disempowerment and dependency that are central to the medical model of caring, securing the cared-for in a position of passivity and objectified helplessness and the carer in a position of authority and power. While the asymmetry of the care relationship is beyond dispute, we suggest that even such a problematic and “inauthentic” situation actually holds the possibility of providing affirmation to the cared-for, as she demonstrates to herself her continued strengths, abilities and, perhaps, generosity, and illuminating the humanity of and challenges faced by the one-caring. We also suggest that understanding this complex relational nature of care is stultified within social gerontology by reproductions of medicalized models of care, which are usually limited, dyadic models.

Another trace of caring as a bi-directional process can be seen in one of the five different ways of conceptualizing care offered in Paula England’s (2005) typology: devaluation, “prisoner of love”, “love and money”, commodification, and public good. Her discussion of the public good perspective entails recognition that caring involves an understanding of the role of the cared-for that extends beyond the passive. In this framework, the caregiver ideal extends beyond meeting the immediate needs of the cared-for, but, consistent with human capital theory, it conceptualizes the problem as one of “investing in” the cared-for’s capabilities. To the extent that the relationship of caring can enhance these capabilities, the cared-for will become more independent and productive and, hence, a “public good.” Other scholars have also struggled with distinguishing the relational and nurturing aspects of the care relationship, from its more unidirectional and instrumental aspects (e.g., Duffy 2005).

Although these approaches all contribute insights, none of them articulates one crucially relevant aspect of the care relationship, which is the aspect of mutuality. We contend that *care cannot be understood without recognizing that it is generically a relationship with some degree of bi-directionality and mutuality*. The care relationship, in our view, is part of a commonness of civic and personal development, the mobius strip of necessity and meaning.

The critical tradition provides the conceptual foundation for such recognition. This recognition, combined with its sensitivity to issues of power and social reproduction, makes critical theory well suited to explicate an approach to care that draws on the potentials of both the

one-caring and the cared-for, to use Noddings' terms. Our approach to care begins with fundamental principles of a critically grounded interactionism, which recognizes that all intentional human activity is social action (Dannefer, 1999; Weber, 1964; Stein, 2004). It is generative in that it forms and sustains relations with others and contributes to the reproduction of society. This includes acting as caregiver, implying that the cared-for is a passive receiver of care.

Yet elders — even frail elders and “cognitively impaired” elders living in long-term care — are engaged in generative action that sustains their own being and that of others. Within the total institutions of long-term care that warehouse the cared-for, and even among elders with severe physical and cognitive impairments, generative and regenerative capabilities are present (Barkan, 1995). Care is thus a mutually generative, interactive and hence truly dialectical process. Elders, even frail, impaired and dependent elders, are in a position to give as well as receive care. Not uncommonly, such elders retain skills and insights from a lifetime of learning, knowledge accumulation and experience that can still be productively deployed. These insights suggest a view of elders in long-term care as generative, with potential to be socially and instrumentally productive. This theoretical foundation is consistent with the view that helplessness be treated not as a normal condition of old age, but one that is, in part institutionally produced. Thus, critical theory is consistent with the effort to promote an idealization of elders as judicious and knowledgeable resources for the larger community (Barkan, 2005; Thomas 2004). Whether or not many elders warrant or welcome such a depiction, it is clear that the approaches to care described above, no less than the institutional regimes of long-term care of which they are a part, will have the effect of squelching such a possibility and of reinforcing the “cared-for” as helpless, passive and entitled to do nothing except demonstrate need to the caregiver.

Cognizant of these principles, a critical approach to care must begin with the recognition that true care is not just a matter of solicitous, competently delivered and even personally engaged service delivery. Caring for elders requires creating conditions that allow each to engage her human potentials by participating in world-construction, in the ongoing reconstitution of self and society in everyday life. Contrary to Noddings' lament at the inauthenticity involved in having the “cared-for” become the “one-caring”, to be the one-caring AND the cared-for is a need of all human agents and actors.

Based on this logic, we invite nursing home residents to join staff and family members in forming Action

Research Groups, which comprise the basis of a research endeavor we call Learning from Those Who Know (Patterson et al., 2007). As Action Research Group members, residents describe the contours and identify aspects of their everyday experiences, with a particular focus on issues that involve institutional practices and policies that can be changed. In each of several facilities where this model has been implemented, institutional changes proposed by residents have been pursued.

In this work, positive change has resulted from critical analysis, not only by academic actors but also by the elders, staff and family who are engaging with us as lay researchers, exploring the need for change in their long-term care communities together with action researchers. Changes that have been made by groups of residents have ranged from altering the placement bulletin boards and font size used on them, to generating a resident-led critical journalism project that produces and publishes its own community newsletter (Patterson et al., 2007; Siders et al., 2006), to creating a practice whereby residents are able to attend wakes and funerals of community members (Stein & Dannefer, 2001). This latter innovation required a social worker to obtain a special chauffeur's license to be able to drive the facility's van. Moreover, the interpersonal dynamic of the group and the engagement in an effort to be critical, constructive and useful are also seen as forms of care.

We propose, then, that the engagement of lay participants in action research is itself a form of care and a social epistemology that welcomes ways of knowing buried by ruling relationships of objectivity (Israel et al., 1998). We submit that this is not something that should be conceived as an add-on accessory in the domain of care, but as a centrally foundational element of care. If actors are deprived of the opportunity to practice engagement in the daily reproduction of life and in their caring for others, they are not being cared-for. This is especially true for those who have experienced so much loss — of home, of control over routine, of functional abilities. Such individuals obviously require being “cared-for” in the conventional sense, but more than any other subpopulation, they also require the experience of providing care to others in some form, as part of meeting their own care needs.

It is interesting to consider what has happened, in the course of this work, to the moment of negation that has been such a notable feature of critical social analysis and with which we began. The positioning of the research participants — residents, staff and families — as experts has had the effect of relocating the moment of negation from academic theorizing to practical problem-identification and problem-solving within the institutional care setting that research suggests is in dire need

of improvements. We believe this is a positive example of integrating theory and practice, critique and forward movement, without losing sight either of the realities of the power dynamics of the situation or the tension between limits and potentials of all participants.

Summary: from negation to action

We began by reviewing what, at least in our experience, has been the dominant form of critical social analysis over the last two decades of social gerontology, and one in which two of us, Stein and Dannefer, have actively participated. This theoretical exposition and critique draws on the principles of political economy, ideology critique and hermeneutic analysis. This moment of negation — theory critique — continues to comprise a necessary process that has provided valuable insights for scholars within and beyond the critical tradition, and within and beyond social gerontology.

Yet as we were offered the opportunity to link our critical perspectives with practical efforts to change destructive social realities in long-term care, the possibility for us to move beyond abstract theory-deconstruction, to guiding a process of practical world-construction through enhancement of opportunities for elders and care staff in long-term care became clarified. The result of this endeavor is hardly utopian: Many practical problems remain, including gaining acceptance for the research idea in the first place and implementing and sustaining desired changes within long-term care communities. Nevertheless, the formation of Action Research Groups in long-term care, inspired by critical social analysis, has contributed to the creation of a different framing of the problems of elders in long-term care and a very different understanding of their life space personally, collectively and institutionally. In our experience, a commitment to critical theory has demonstrated itself to be distinctly suited, and probably uniquely suited, to serving human interests through a combination of critique and progressive change — a dialectic of theory and practice.

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