

12. Economic rationalism and ageing

Overview

As baby boomers, those people born in the years after World War II, reach their sixties, the impact of this age cohort has influenced not only government and political policy, but also commercial interests. Economic rationalism has seen a diminution of state services and an increase in market forces, and this is being seen in biomedicine and in the aged care sector. Care and support for the elderly is increasingly a commercial concern, as is cosmetic surgery's offer of eternal youth and drug companies promise of constant erections. In this lecture we will examine the implications of neoliberalism for older women and men.

Objectives

By the end of this topic you will have:

- An understanding of the concepts of neoliberalism and economic rationalism
- Examined the effect of neoliberalism on health and aged care
- Considered the implications of this for different older people.
- Reflected on the implications of this topic for your professional practice.

Key Concepts

The politics of ageing; The commodification of aged care; sexuality; gender, governmentality

Required reading

Martinez, E., & García, A. (2000 February 26th, 2000). *What is "Neo-Liberalism"? A Brief Definition* Global Exchange. Retrieved March 23rd., 2008, from <http://www.globalexchange.org/campaigns/econ101/neoliberalDefined.html>

Katz, S., & Marshall, B. (2003). *New sex for old: lifestyle, consumerism, and the ethics of aging well*. *Journal of Aging Studies*(17), 3-16.

Simpson, M., & Cheney, G. (2007). Marketization, participation, and communication within New Zealand retirement villages: a critical-rhetorical and discursive analysis. *Discourse & Communication* 1(2), 191-222.

Bode, I. (2005). *Merit, Dignity, and what else? Understanding the culture of 'marketized' old age provision in Western Europe*. Paper presented at the 7th Conference of the ESA Research network: "Ageing in Europe". from http://www.ageing-in-europe.de/torunpapers/ESA_RN_Ageing_Torun2005_Bode.pdf.

Further reading

Duggan, L. (2003). *The Twilight of Equality? Neoliberalism, Cultural Politics and the Attack on Democracy*. Beacon Press, Boston

Lecture Notes

The political rationality of neoliberalism requires citizens to be active, healthy and self steering (Keane, 2000).

In the social construction of old people as a problem, old people represent a burden to society, the health system and their families. This attitude is apparent in neoliberalism or economic rationalism, and had resulted in considerable economic, political and health service responses. Within this framework, older people are treated as useless dependents upon the young, seen through the lens of illness, linking old age with ill health. Conversely, the ageing population represents a market opportunity, and goods and services specifically tailored to older people have burgeoned in recent years. Over 50s housing, physical fitness, supported accommodation, travel are all promoted to this group as a niche market.

This is a reading unit, so it is important to read all of the required articles. A series of questions for reflection are provided to assist you to focus on the required reading. The questions relate to the reading, so you may find it difficult to answer the questions if you have not done the reading. When you have worked through the questions and made notes in your journal, you will be asked to write an essay

Reflection and Activities

1. In what ways is neoliberalism promoted to under privileged people that leads to its acceptance?
2. what are the implications of neoliberalism for the lives of underprivileged people?
3. how are neoliberalism related to globalisation?
4. What are the implications of a neoliberal, marketized economy for older women? For older men? For GLBTI people? For marginalised women and men?
5. what are the implications of treating people as customers or consumers rather than service users?
6. under a universal social welfare system, what kinds of supports and services did older people experience? How does this differ under a marketized system?
7. what are the cultural consequences for older people of the shift from a social welfare to a marketized system?
8. Katz & Marshall (2003) refer to the connections between the “new and sexually fit” aged population, “the marketing, pharmaceutical and consumerist industries that cater to it” and the “concurrent neoliberal political agendas that require people to adopt risk-averse, active, self reliant lifestyles”. Discuss how you understand this in your journal.
9. what is the post modern life course and how does it differ from the modern life course? What is the role of governmentality in the post modern life course? (see lecture 4).

10. Katz et al argue that “our culture exposes an impossible ideal that people live outside of time”. He further suggests that this invites resistance from ageing individuals. Think about some of the ways in which old people might resist “the impossible ideal” imposed on them, and write about your personal experience of this. Discuss how this resistance is met by family and service providers. What is your position on these situations? How might it be handled differently?
11. Simpson et al (2007) argue that Marketization is both a framework, a process and a universal discourse.

Foucault acknowledged that a discursive field can be dominated by just a few discourses which he called *globalising discourses*. In cases such as these, the remaining discourses in the field appear to succumb to the ‘tyranny of the globalising discourse’, as they are ‘disqualified’ (M. Foucault, 1980; 1980, p. 83) and deligitimated. Within every discursive field there are subjugated knowledges that run parallel to the formal knowledge authorised by a discourse. Foucault described how a globalising discourse can result in silencing and marginalisation alternative voices. He called for ‘an insurrection of subjugated knowledges’ (1980, p. 81), having described them as:

... a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity (p.83).

How does Simpson define each of the approaches used by marketization, mentioned above?

12. what are the implications of a participatory mode of decision making in a marketized aged care service? What discourse are in play?
13. Reflect on your own work. Are any of the discourses identified by Simpson apparent? Write about what you have learned from this reading unit and the implications for your own work.

References

- Foucault, M. (1980). *Power/ Knowledge*. New York: Harvester Press.
- Keane, H. (2000). Setting yourself free: techniques of recovery. *Health*, 4(3), 324-346.