

Disability and later life

The Revd Canon Dr Joanna Collicutt

Audio file

[Joanna audio.mp3](#)

Transcript

00:00:05

We have first of all now she's got a lot of titles, so let me just put my bit of paper up to remind myself she's shaking her head.

00:00:12

Forgot man.

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Reverend Canon doctor Joanna collica. I first met Joanna and I was slightly awed by her, because when I went to vicar training factory to Whitcliffe Hall in Oxford, my principle.

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Was Joanna.

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Husband and I'm still slightly overall, but I was there and he was my principal and I would sit through his lectures.

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Going, I have no idea, but it sounds brilliant but he could take the most amazing concepts and make them almost ordinary. And Joanna has that same gift of being able to take the most extraordinary stories and research.

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And theological concepts.

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And then give them to us in a way that we go. Ah, so I'm really looking forward to Joanna's wisdom as she talks to us a little bit about disabilities that appear in later life.

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Joanna, over to you.

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OK, thank you Katie. Thanks for asking me I'm. I'm not sure I'm going to say anything.

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Startingly wise after that introduction, but I'll do my best.

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The relationship between chronological age and disability is complex in health and social care. Older adults are distinguished from adults of working age. That's kind of the division that's drawn, and the cutoff is currently 65, and that's obviously arbitrary.

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And it tells us something about the socially constructed nature.

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Of old age.

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But it's fair to say I'm I'm not sure what the slides are about, by the way, so.

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I'm not ready for them.

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Yeah, so maybe we could go backwards. Thank you. It's fair to say that you're significantly less likely to be in regular paid employment at the age of 70 than you are at 60, so there's something to that.

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It's clearly social, so over 65's take up about half of the social care budget and most of that is directed at the management of the physically disabling effects of chronic health care.

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Options so neurological conditions like Parkinson's disease or musculoskeletal conditions such as arthritis and together with sensory impairments.

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Most of the budget for adults under 65 goes on supporting people with learning disabilities who anyway tend not to live quite as long as neurotypical adults.

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So there's a definite shift in the pattern of disabilities in the population as a whole over the lifespan.

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With physical disability coming to dominate in later life.

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And that's perhaps a surprise given the stereotypes that we have of the aged as people who live with dementia.

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So it's important to remember that while increasing age is a risk factor for dementia.

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Dementia only affects a minority of older people, so I'm not going to say anything more about dementia specifically in the next few minutes.

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But if you're disappointed in that, and you are eager to know more about how to make churches dementia friendly environments, I would recommend this book that we've produced.

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It's back to front on this with the Diocese of Oxford produced in collaboration with BRF and it's called thinking of you and there's lots and lots of practical ideas in that book.

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Which you can get on Amazon or directly from BRF.

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For practical things you can do to make church more accessible to people living with dementia.

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But I'm going to go on and talk about physical difficulties and others of later life so.

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Most of the elderly, and that's the term that's slightly contentious are living with some degree of physical limitation which increase as we age. And crucially, many of us have multiple physical problem.

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Which can have a significant impact on our ability to participate in Community life. For example, the lethal combination of urinary urgency and slow walking speed. So it's very difficult to get to a toilet in time.

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Age and physical disability are elided in Lawrence billions. Famous poem for the fallen, a verse or two of which are read every year on Remembrance Sunday at war. Memorials across the land so early in the poem they went with songs.

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To the back.

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They were young, straight of limb, true of eye, steady and aglow.

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And later they shall grow not old, as we that are left grow old.

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Age shall not weary them.

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Nor the years condemn.

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And this signals the difference between disability that's characteristic of later life and most of the conditions that we've been looking at in today's conference.

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Disability in later life is acquired.

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Sometimes it comes suddenly As for example following a stroke.

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Often it's gradually, as in progressive heart failure.

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That can of course also happen to younger, previously healthy neurotypical adults. So most of my working life in the National Health Service was spent with people like that young survivors of acquired brain injury and other neurological conditions. So can I have the first slide now, please? It's simply.

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A picture of where I used to work. The Oxford Centre for Enablement.

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And these younger people's reaction to their situation were complex.

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But one aspect of their distress was the perceived age inappropriateness of their situation.

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So overnight their chronological age had become UN coupled from developmental norms.

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And they found themselves mobilising using walking frames, sticks or hand rails.

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Wearing spectacles, hearing aids and using notebooks and other devices to support their memory and other cognitive failures.

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For them becoming disabled had meant that they had become, as it were old before their time.

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Now another focus for their distress was the disconnect between the person they had become and the person they used to be. The issue of identity.

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And I well recall an 18 year old road traffic accident survivor confessing to me I'm going to use his language now, which is offensive language. So forgive me. He said to me, I used to talk about people with physical disabilities as *****

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And now I find that I am esponse myself.

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His grief at his situation centred not only on the change he experienced, but on his shame at his previous attitudes.

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In his own mind, he had changed, he'd been diminished, but he'd also grown in his understanding. So he changed for better.

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And for worse.

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He had previously othered disability.

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But it had caught up with him.

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And because ageing is seen as a process through which, almost by definition disability catches up with us, it evokes significant anxiety, illness and one way that we manage, that is, through denial.

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Looking away from or airbrushing out what may be coming over the hill, can I have the next slide please?

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That this is a vivid, but I think deeply unhelpful diagram to illustrate the ageing process and you go up and up and up and then something rather undesirable seems to happen in which disability plays the key part?

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So positive images of older people.

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Often focus on physical activity or neurotypical appearance or personal autonomy and freedom that distracts us from this other story of what may be going on over the hill. So can I have the next slide, please?

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These slides are examples of the images that you will see that illustrate the kind of positive ageing agenda.

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My child just frozen.

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All right, just give it one more 2nd and then I'll move on.

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OK, well they may appear again, but the slides interestingly, are ones that I sourced.

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From a residential developments for older people, that slides of showing older people. Here they are engaging in challenging sport and in leisure activities and on cruises in which they are fully in control and.

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What you would notice about these slides as we go through them is that all the people in them are white. It's quite hard to find more ethnically diverse.

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Images of positive ageing and I won't don't want to be overly critical of this. I'm a great fan of William Shatner, who is as we speak, being launched into space at the age of 90. But there is an aspect in this of denial of another story about ageing.

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Now, a different way of dealing with our anxieties in relation to ageing and the perceived disabilities that it brings with it is to other older people.

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So to distance ourselves from them by focusing on the generational differences between them and the rest of us.

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Framing them as out of touch.

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Something that it's easy to do given the generational differences in familiarity with and habitual use of it. For example, and as we do this, we marginalised them.

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And we can go beyond that, and indeed we do go beyond that and play a blame game.

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Blaming baby boomers for having a disproportionate amount of wealth or for having destroyed our planet.

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Intergenerational strife has always been with us. The Bible is full of it.

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But it does seem to have taken a more pernicious turn in recent years.

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Yet the anxiety evoked by disability in the context of later life is more than anxiety at the prospect of loss of function. It has something to do with mortality.

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The frailty of old age is, as it were, the shadow of death.

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And what's more, our avoidance of the aged isn't simply because they remind.

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US of our own mortality.

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Because we have a primal, irrational fear that their moribund state is catching.

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There's a sexist, ageist line in a perceptively entitled episode of Father Ted.

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Well, the episode is called Night of the nearly dead.

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The line is go away. I don't want to catch the menopause.

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Here, we move beyond ageism to what is more properly thought of as Jerome to phobia.

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So if you can, I'd like to take this slide down 'cause that's my last slide, and it's not the most edifying thing for people to be looking.

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At for the rest of the talk.

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It would be lovely to say that the churches take a more positive approach to later life than the sort of thing I've been outlining, and indeed there is some really excellent work happening on the ground.

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But the institutional narrative is sadly not that different from that of the world again and again we hear phrases like ageing church or ageing congregations used exclusively negatively.

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Almost the worst thing you can say about a congregation is that it's full of old ladies.

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Just as the absence of men from church is often blamed on the feminising effect of women, the absence of younger people is blamed on the life sapping effect of the elderly.

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Along with the cult of youth, in many diocesan and national strategic documents, there's a tendency to see older people as those who receive care.

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And to ignore the care that they give, which is part of their wider social capital, older people take up a massive proportion of the caregivers in our nation.

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As with all marginalised groups, there's a tendency to talk about welcoming them or including them into the church, when in fact they are the church.

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So, briefly, what might we do to address that situation?

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First of all, and.

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This has been the topic for today.

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The disability related access issues need to be addressed.

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The disability you see in later life is just a combination of many of the specific kind of disabilities you've been talking about today, and so addressing them is simply part of a bigger story.

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Secondly, more specifically, we need to address the generational issues.

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By respecting and valuing generational norms.

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But also by targeted intergenerational activities including messy church.

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All age holiday clubs. Specific projects.

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Especially around history and craft where young and old can come together.

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Thirdly, we need to be more intentional about celebrating the contribution of older adults.

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And to cultivate an attitude of expecting them to have something to teach the rest of the church, and not just about the way it was in the good old days and the past, but about their vision for now and future.

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And above all, and I think this is the most.

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Subtle and yet important thing we need to face up to the inevitability of death.

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And including the death of the church as.

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We know it.

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And to stop living in fear of decline, and have the courage to be who we are.

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And if we do that, we will find our attitude to ageing and older people is transformed.

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So thank you, and I'm happy to take questions.

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Wow, thank you.

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Enter into a conversation.

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You see, I knew I knew you weren't the right person to have. Thank you so much Joanna without giving away age, you are heading towards that category numerically of of the older person within rustling elderly. The older person within the congregations are you finding that?

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People are. I mean, I'm starting to go grey. You can't tell him this like just fabulous, but I discovered if I keep my grey hair.

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Yeah, I'm given more credibility than if I dye it purple again. People treat me as a kid. So are you discovering that actually the way you're being treated as you move through the different ages is changing? That kind of embodies what you're talking about?

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Yeah, I think so. I mean, it's largely positive at the moment because I'm on that kind of cusp on that mountain.

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I'm kind of here just about to go.

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Over the yeah.

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And and it's it's at that point. I think that younger people, if they're wise, start to think maybe this person has lived long enough to be able to tell us.

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Something it might be worth hearing.

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And and will come and seek one out for that. And actually, that's fine and appropriate and good. And I I would like it, that it.

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Happened more.

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I guess what's what's more countercultural is.

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Being able to see older people, even older people like me who are just at the beginning of old age, really.

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As having a future so not simply as having something that they pass on before they finally keel over, but actually that has a has a future that continues that isn't a fake future of onward and upward, but is a real future of living.

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In old age and continuing to grow and discover new things.

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That at the moment it's it's it. It's a good experience for me, but it's an experience to be.

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Negotiated intentionally and I think we we all.

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Come to that place and have to ask the question.

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What does it mean to live well in later life?

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What does it mean to live faithfully as a Christian in later life? What has to be changed and what has to be valued? What has to be set down big questions?

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It's important to model that quite openly, 'cause then it gives those of us who are younger but old in our bodies. So cerebral palsy ages me quickly physically.

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There's no research on people in in their mid to late 40s which I am on cerebral palsy because none of us live that long to be worth researching.

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So it's quite.

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Tricky, so we're looking to folks who are older than us and hitting that lack of physical ability that we already know and say, well how?

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How do you manage which is my next question and I'll have to keep it brief as I'm realising?

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I'm going overtime, which is.

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I I tend to see an awful lot of our structural leadership who are in the older age bracket, but.

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They don't appear.

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To be owning up on the outside.

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The disintegration on the inside. And maybe there's a fear that if people show that it's integration and stop talking about being hillwalkers, people will think less of them.

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In terms of leadership.

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Totally and being busier than they ever, ever have been and and and all that kind of stuff. And I think what would be so wonderful would be if those of us, you know though our older leaders could actually own that and they you know the way we do retirement that people suddenly don't disappear from having been full on and then absent.

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But that you actually they can model like a kind of laying down. I remember when before Bishop Colin retired about a year before he went.

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He went to Africa and he said I'm just going to keep my diary empty because I want to learn the discipline of having an empty diary without panicking and and I just thought it was a wonderful thing to have done and I I think we just need loads more of that and we did. Also as I said too.

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Deal with the fear that's behind it, which is that.

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The thing we're part of is dying, so it's not just us, but that that that frailty. Any frailty we encounter is emblematic of something wrong, so I think we need to be more courageous in the truth of the gospel and note.

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That it's centred on somebody very frail, hanging on across where all looks to be lost, whereas in fact that's precisely where the hope is to be found.

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Very hard out and it bites in old age I think.

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Yep, death and resurrection is a very good biblical principle. Just have to have the strength.

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To live through it.

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Knowing that Jesus has done it and knows it and Janet, thank you so much for being with us and for giving us this.

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This part of your day and I'm sure if people want to get hold of you if you're around for a bit, they can contact you directly on direct messages in chat and you'll give us your contact details and we can put them on our website for future conversations.

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But for the minute, thank you so much for joining us.



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