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What happens to people as they grow old? What methods can we use to study old people—their bodies, their perceptions, their motivations, their relationship to society? These topics are the subject matter of gerontology. By omitting the physiology and biology of aging, we narrow the field to social aspects of aging. **Social gerontology**, the study of aging from a social-science perspective, has been recognized as a distinct area of study for less than 60 years. Aging and related subjects have received limited attention since the mid-1940s, but now the sharp rise in the number of older persons, along with their increased visibility, has increased interest in the development of theory and in research. Social gerontology will continue to grow in importance as it becomes increasingly able to explain the phenomenon of aging.

In an effort to explain aging, social gerontologists have developed numerous theories to examine how people respond to the aging process. Theoretical models most commonly used to explain social gerontology include seven theoretical perspectives most frequently referenced in academic journals: (1) social constructionist, (2) social exchange, (3) life course, (4), feminist, (5) age stratification (age and society), (6) political economy of aging, and (7) critical theory. These theories are summarized in Table 4.1 (Bengtson et al., 1997).

Scientists never entirely prove or disprove a theory. They merely develop greater confidence

in the theory or move closer to rejecting it by proving that parts of it are untrue. Traditionally a theory does not rest on a single proposition but on a series of propositions, any one of which may be partially erroneous. Any single proposition contained in a theory, or hypothesis, can be subjected to testing by empirical research, which collects evidence that may or may not support the hypothesis. Through this testing, scientists formulate new questions that require further research. Also, social theories can be used to predict what would happen if society maintained its present course and to suggest ways the social world could be altered to achieve specific results. The **theoretical frameworks** we examine in this chapter attempt to identify the important factors in aging and offer guidelines for further inquiry.

Historical Foundations: Activity versus Disengagement

Controversy over two contradictory theories of aging shaped the field of social gerontology in the 1960s. Both activity theory and disengagement theory attempt to predict how one might respond to old age. Activity theory was the first social theory of aging, but only after the development of disengagement theory did it receive both its name and recognition as a distinct theory.

TABLE 4.1**Theoretical models in social gerontology**

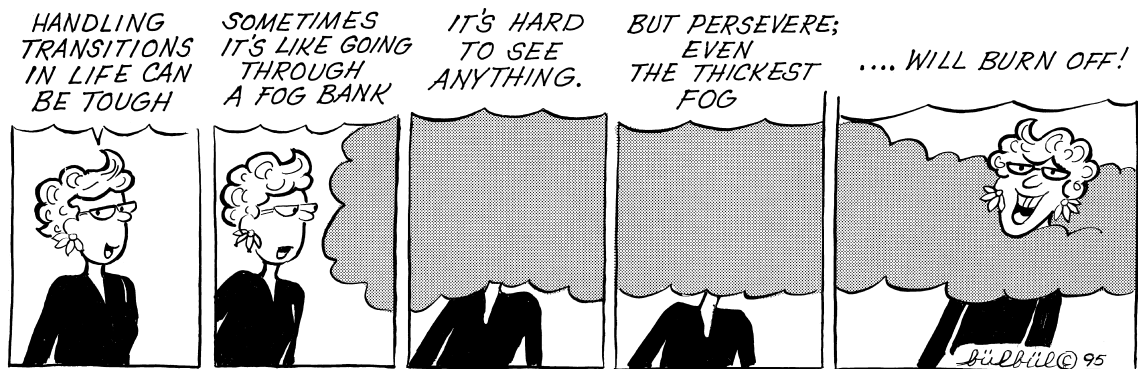
Theory	Description	Key Concepts
Social constructionist	Focuses on individual agency and social behavior within larger structures of society; interest in understanding individual processes of aging as influenced by social definitions and structures	Labeling; social breakdown theory; situational features of aging
Social exchange theories	Examines exchange behavior between people of different ages as a result of the shift in roles, skills, resources that accompanies aging	Social costs and benefits; social resources; interaction; reciprocity; social power
Life course perspective	Explains the dynamic, context, and process nature of aging; age-related transitions; social meaning of aging as a process; focus on individuals, cohorts, and groups	Developmental tasks; social time clocks; social ecology; life trajectories and transitions; age roles and norms
Feminist theories	As a primary organizing principle for social life across the life course, gender is a primary consideration in understanding aging and the aged	Gender stratification; power structures; macrolevel analysis of social institutions; social networks and caregiving; family work
Age stratification	Focuses on role of social structures in the process of aging, looking at age cohort movement across time; asynchrony between structural and individual change over time; interdependence of age cohorts and social structures	Age cohorts; social structures; structural lag; cohort flow
Political economy of aging	Explains how interaction of economic and political forces determines how social resources are allocated; how variations in treatment and status of elderly are reflected in policy, economic trends	Structural constraints, control of social resources, marginalization, social class
Critical theory	Focuses on humanistic dimensions of aging; structural components of aging; interested in understanding subjective and interpretive dimensions of aging, processes creating practical change, and knowledge that helps people change	Positive models of aging; power, social action, and social meaning in aging

Source: Bengtson, Vern L., Burgess, Elisabeth O., & Parrott, Tonya M. (1997). Theory, explanation, and a third generation of theoretical development in social gerontology. *Journal of Gerontology, Social Sciences*, 52B (2), S72–S88.

These two somewhat opposing theoretical models remain central in social gerontology in part because they are intuitively compelling—that is, they appeal to our common sense about people, and they are easily understood and observed in our daily lives.

Activity Theory

Because it continues to be widely accepted by social scientists, as well as by many people working with the elderly, we can say that **activity theory** is still a dominant theoretical perspective.



Activity theory implies that social activity is the essence of life for all people of all ages. Early studies found that positive personal adjustment correlates highly with activity: the more active people are—mentally, physically, socially—the better adjusted they are. Early proponents of this theory believed that normal aging involves maintaining the activities and attitudes of middle age as long as possible. Any activities and roles that the individual has been forced to give up should be replaced with new activities. Activity theory predicts that those who are able to remain socially active will be more likely to achieve a positive self-image, social integration, and satisfaction with life, and that, therefore, they will probably age successfully.

The principles of activity theory are evident in the work of most gerontologists. The writings of Ernest Burgess from the 1940s show an orientation toward activity theory. Burgess, one of the founders of social gerontology, observed that the elderly had no real place; they were left out of social activity. He described old people as having a “roleless role” (Burgess, 1960). Burgess felt that it was neither necessary nor appropriate for elders to be excluded from socially meaningful activity. Instead, he felt that a new role for elders should include responsibilities and obligations that could lead to a productive existence and enhance society. This stance clearly implies support for the activity theory.

The roleless role, which indicates a lack of social functions, is similar to Durkheim’s con-

cept of anomie, a condition whereby some individuals in a society are in a normless state. These individuals lack a consensus on rules to guide their behavior and therefore receive no support or guidance from society. The result is that they are excluded from participation in social activities. If this exclusion were prevented, old age would be a satisfying period. This social critique, however, did not consider gender differences (a feminist theory model) or the meaning to the individual of active involvement (the critical gerontology model, see Table 4.1). When these considerations were included in more recent research, findings were more complex. Wright (1995), for example, found that men and women are most likely to report lowest feelings of anomie when their personal networks are composed of a relative balance of men and women—despite the inclination of people to form gender-segregated social networks. Rather than being able to trace well-being to a simpler concept of connectedness, then, research seems to indicate that analyses of the integration of an individual network into a larger community might be important to understanding how people maintain a sense of belonging and well-being as their social networks change.

Generally speaking, the last 50 years of research have found a positive correlation between being active and aging successfully. In many of these studies “successful aging” was defined in relation to life satisfaction: people with strong reports or measures of life satisfaction were

considered to be aging “successfully.” As the complexity of human aging has become clearer, however, questions have arisen about those life satisfaction studies: What is the relationship of other important factors to life satisfaction, such as health, gender, culture, socioeconomic status, and the desire to maintain active? Might not one person’s internal experience of “activity” be different from another’s, based on their histories and interests? What about different cultural expectations and gender differences? Indeed, Jacob and Guarnaccia (1997), in a study of life satisfaction and social engagement, suggested that the term life satisfaction is probably a misnomer, and that the condition might better be termed momentary contentment (p. 816). They concluded that the culture reinforces disengagement among elders; therefore, commitment to new goals and relationships is less necessary to psychological health in old age than it is in early life.

Recent studies find it unnecessary for elders to maintain the same high degree of activity they had in middle age in order to have a high degree of self-esteem and life satisfaction in old age. The concept of **planned behavior**, or the extent to which an individual *intends* to perform a behavior, has been developed recently for understanding *readiness for activity* (Courneya, 1995; Chodzko-Zajko, 1997). This deals with the internal meaning and motivation structure of the individual. Among some people, not being active will have a negative impact on self-esteem because they have a strong planned behavior related to that activity: I am committed to walking one mile a day again after I feel stronger. Another study looked at different categories of activities and found that only leisure activities exerted a positive effect on self-esteem (Reiters et al., 1995). The study further found gender differences in the types of activities in which an individual engaged: activities performed alone had a positive effect on men’s self-esteem, but not women’s; and among women, activities had a more positive effect on self-esteem when role commitment was high (Reiters et al., 1995). This highlights the vast individual differences

that must be kept in mind as we analyze age as a category. Activities, Reiters and colleagues concluded, *might* enable people to confirm their identities and participate in roles they highly value. In those cases, activity is likely to bolster self-esteem and life satisfaction.

Many older people seek a more relaxed lifestyle and are quite happy when they achieve it. For example, a 65-year-old woman may long for the time when she can work half-time instead of full-time, sleep in, and devote more time to her aerobics classes and to reading the newspaper at a local coffeehouse.

Disengagement Theory

Disengagement theory is an explicit theory developed through research and explained in the book *Growing Old* (1961) by Elaine Cumming and William E. Henry. This book, one of the best known in the history of social gerontology, contends that it is both normal and inevitable for people to decrease their activity and seek more passive roles as they age. Disengagement is a mutual withdrawal of the elderly from society and society from the elderly in order to ensure the optimal functioning of both the individual and society. Aging individuals, wishing to escape the stress of recognizing their own diminishing capacity, collaborate in the withdrawal.

The exact time and form of disengagement varies from individual to individual. The process involves loosening social ties through lessened social interaction. Knowing that the time preceding death is foreshortened, feeling that the life experience is narrowing, and sensing a loss of self-esteem all signal the onset of disengagement. Ultimately, society’s need for persons with new energy and skills, rather than the wishes of the older individual, dictates when disengagement occurs. In other words, as people approach their 70s, they become gradually disengaged from society owing to their declining energy and their desire for role loss. After an initial period of anxiety and depression, they accept their new status as disengaged and regain a sense of tranquility and self-worth.

The disengagement theory has generated a great deal of criticism. Some say the theory is ethnocentric in that it reflects the bias of a male-dominant industrial society. Others have suggested that it discourages interventions to help old people. Still others have questioned why some elderly choose to disengage and others do not, contending that society pressures people into disengagement against their will. However, it must be remembered that the theory emerged from a particular context of social thought—one in which biology-as-destiny prevailed, and the extent to which a number of variables (such as gender, socioeconomic, and cultural factors) interacted with the process of aging was not yet clearly understood (Achenbaum & Bengtson, 1994).

The relation between biological and social factors is recognized in that physiological and psychological measures of capacity are . . . used [to study] the relation of declining capacity to problems of individual adjustment in old age.

POLLAK, 1948

Do relationships and our need to be connected in order to maintain psychological well-being alter with time? Particularly in most recent research, support is emerging for a more complex form of disengagement. In 1994, Lars Tornstam used the term **gerotranscendence** to refer to the elderly as selectively investing in some relationships over others, rather than comprehensively withdrawing. In his model, elders do seem to disengage, but do so more at will, choosing where their priorities lie and divesting themselves of superfluous relationships to focus on a more transcendent view of experience. According to Quinnan (1997) in his study of elderly religious men:

Thus the elderly demonstrate a higher degree of autonomy by dispensing with forms of social intercourse which have little value for them. This exercise of autonomy, rather

than breaking connectedness, selectively enhances those relationships which the gero-transcendent find filled with meaning.
(p. 118)

Gerotranscendence is rooted in stage theories such as Erikson's (see chapter 3), which postulates a movement from dependence to greater autonomy with maturity. From this perspective, growth in autonomy takes place through a shift in connections—for example, reducing connection (the process of individuating) from the family occurs among adolescents in conjunction with a growing connection with peers and people outside the family (Quinnan, 1997).

In a related line of inquiry, comfort in being alone was found to be related to lower depression, fewer physical symptoms, and greater life satisfaction in a survey of 500 U.S. adults in 1995 (Larson & Lee, 1995). This finding is also consistent with our intuitive observations: some people deal with stress by secluding themselves from social contact, spending time reflecting, and engaging in self-care activities. Clearly this does not imply that it is healthy to be involuntarily isolated from others, but consistent reports continue that people do spend less time with others as they age, and those who are able to enjoy this segment of their lives are better adjusted and have a greater sense of well-being. An anthropological study of patterns of interaction in a nursing home, where elders have little choice to pull away from social contact, showed residents to engage in what the author referred to as “sitting” time and “giving” time (Gamliel, 2001). Sitting time was characterized by silence in which “[residents] transcended the borders of past and future time to live in a ‘sacred present’ or a ‘limbo’ time” (p. 107). Giving time was characterized by “limitless concern” for the health and well-being of one another. The author concluded that “sitting time” and “giving time” combined to help residents transcend the circumstances of their own health and environment. In this way, the nursing home residents were able to maintain a higher degree of self-controlled social activity and thus a higher degree of life satisfaction than

they would otherwise experience, consistent with Tornstam's theory of gerotranscendence (1997).

The habit of retiring into myself eventually made me immune to the ills that beset me.

JEAN-JACQUES ROUSSEAU, 1778

Some research finds that disengagement occurs at differing rates and in different aspects of behavior. Other research indicates that it is the increased physical and social stress that can accompany aging, rather than age per se, that creates disengagement. One commentator observed that the very model of the Great American Individualist is one who can move on, cut all losses, and leave situations (including people) that are not sustaining (Harris, 1996). His advice in support of “quitters”—a nonscientific term for disengagement—included being reasonable (think about the process) and going slow (ease from one set of priorities to another set). We have cultural support for disengaging from one set of activities in order to do something else, Harris's comments suggest, and his light recommendations to “quitters” are remarkably consistent with more serious explorations of human connectedness and well-being.

Despite these more positive findings, the controversy over disengagement theory continues. Unanswered questions remain about each of the major aspects of disengagement: the role of the individual, the role of society, and satisfaction versus dissatisfaction with disengagement.

The role of the individual

Disengagement is not inevitable with old age. Some elders disengage; others do not. Yet, according to disengagement theory, the individual's inner processes lead to a loosening of social ties, which is a relatively natural process. This process is “primarily intrinsic, and secondarily responsive” (Cumming & Henry, 1961). Research



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Spending time alone, in thoughtful reflection, can be cherished time for some elders.

should perhaps concentrate on the very old. If disengagement is a process preparing both the individual and society for the ultimate release of the elderly member, why should it begin at the relatively early age of 65? If disengagement is in fact a developmental task of old age, perhaps it actually begins in the 80s or 90s, when one is nearer death. We do not universally enter stages of life at a given age.

The role of society

According to disengagement theory, society must withdraw from its older members to ensure the smooth operation and survival of the social system. Yet one can question this assumption. That disengaging older people from employment or other active roles is in society's best interest remains to be demonstrated. One might easily argue that the disengagement of older people is wasteful or dysfunctional because it removes many experienced, knowledgeable, and capable members. One might just as well speak of society excluding its older members as disengaging them; perhaps the older people who withdraw are merely reacting to a society that would exclude them anyway.

Disengagement: Positive or negative?

Neither activity theory nor disengagement theory fully explains successful or well-adjusted aging. More variables must be examined to explain why some people are happy in an active old age whereas others are content to narrow their activities and involvement in life. Getting rid of negative or unrewarding activities and events alone does not seem to be adequate to promote well-being—it seems to also take specifically positive interactions to promote a healthy existence (Stallings et al., 1997). This implies that eliminating (disengaging from) interactions that are not satisfying in order to pursue satisfying activities is an indicator of appropriate and positive aging, as long as something satisfying is added. Those newer activities being engaged in, however, might very well include exploring solitude (Larson, 1997).

Psychological Well-Being

Well-being itself is a complex variable. It is one of the most popular, most persistently investigated issues in the social scientific study of aging. A major focus in gerontology over the last 50 years has been to define and measure well-being and to identify factors that will increase it in the older population. Generally speaking, well-being means feeling good, or having good mental health. Oftentimes, researchers use the phrase subjective well-being. The word subjective indicates a personal evaluation based on how the respondent feels, not an evaluation based on external criteria, such as visits to mental hospitals or psychologists' evaluations.

Psychological well-being is a broad term that has different meanings for different social scientists. Linda George (1981) offered a definition that differentiated among three concepts that measure well-being—*morale* (courage, discipline, confidence, enthusiasm, etc.), *happiness* (mood of gaiety or euphoria), and *life satisfaction* (an assessment of overall conditions

of existence or progress toward desired goals). One critical reason to develop a clear definition of well-being is to develop assessment tools to help elders and people working with elders to make the best decisions (George, 2005). An assessment describes the client in terms of characteristics relevant to the service being offered and gathers the information needed to tailor programs specifically to the needs of an individual. Cummins (1996) further defined life satisfaction as “subjective life quality” and identified seven domains of satisfaction: material well-being, health, productivity, intimacy, safety, community, and emotional well-being. This definition includes psychological security as well as physical and environmental security and well-being. In the helping professions, merely knowing how a person interprets his or her life situation is not adequate. Understanding the different domains of that sense of quality of life can help the individual and the helper to better focus on strengths and needs.

The Life Satisfaction Index A (LSIA), the most frequently used scale in social gerontology, offers another method of defining well-being. One of the best-known instruments for measuring well-being, the LSIA, as originally developed by Neugarten et al. (1961), consisted of 20 items representing five components: zest for life versus apathy; resolution and fortitude versus merely accepting that which life has given; congruence between desired and achieved goals; self-concept; and mood tone of optimism versus pessimism.

Researchers continue to refine the LSIA. They still debate whether the scale is **valid** (whether it measures what it is supposed to measure) and **reliable** (whether its results are consistent). They also continue to question whether the scale is unidimensional (measuring only the concept of life satisfaction) or multidimensional (measuring more than one concept). Table 4.2 shows the model developed from the LSIA measure by Liang (1984) to identify the three domains of mood tone, zest for life, congruence, and a generalized “other” category.

TABLE 4.2**A proposed use of the 20 LSIA items****Agree or Disagree with Each Item****Mood tone**

- This is the dreariest time of my life.
- I am just as happy now as when I was younger.
- My life could be happier than it is now.
- These are the best years of my life.
- Compared to other people, I get down in the dumps too often.

Zest for life

- As I look back on my life, I am fairly well satisfied.
- I would not change my past life even if I could.
- I have gotten pretty much what I expected out of my life.
- I have gotten more breaks in life than most of the people I know.
- When I think back over my life, I didn't get most of the important things I wanted.

Other items (originated by Neugarten)

- In spite of what people say, the lot of the average person is getting worse.
- I feel my age but it does not bother me.
- Compared to other people my age, I've made a lot of foolish decisions in my life.

Note that this measure deals less with the context and more with the internal meaning the individual makes of his or her life.

Some studies, combining personal narrative with the psychometric measure LSIA, report that life satisfaction appears to be the construct being measured (Hawkins et al., 1995; Rosen et al., 1995; Sherrard, 1997). Other researchers believe that the measure taps a multidimensional concept that contains life satisfaction but does not measure that alone (Kahana et al., 1995).

The items in the LSIA, however, do seem to provide us with a general overview of a person's psychological well-being. Increasingly, current research in the United States seems to converge on the domains of positive interactions, negative

interactions, and stress management as primary factors in life satisfaction and well-being (Kahana et al., 1995; Krause, 1995; Glass & Jolly, 1997; Lawton, 1997). This research is consistent with findings from other industrialized countries as well (Liang et al., 1992; Shmotkin & Hadari, 1996; Allain et al., 1996). This convergence of research concludes that the presence of negative interactions is separate from positive self-assessment. Eliminating negative conditions in life doesn't in and of itself promote well-being. It reduces depression, low self-esteem, and general negative mood tone. But it takes positive interactions and conditions to have high life satisfaction and to experience well-being. Clearly much work needs to be done on the concept of happiness in life: if we had the key to well-being, we could use it to create more happiness for everyone.

Morale and well-being in later life have been extensively studied. Studies by Neal Krause (1991, 1995) have tested the relationship between general evaluations of life satisfaction and evaluations of specific domains. Krause presented two hypotheses. The "top-down" hypothesis suggested that a person's ongoing sense of satisfaction with life as a whole predisposes him or her to develop similar feelings about specific domains such as health and employment. The "bottom-up" hypothesis maintained that satisfaction with the specific areas of one's life synthesize to form an overall sense of satisfaction with life as a whole. Krause, whose findings supported this latter theory, expresses concern that survey self-assessment scales are the major tools used to study subjective well-being.

Current life satisfaction research includes a broad range of predictors of high morale and life satisfaction indicators, reflecting the theoretical perspective of the investigator. These include activities, relationships, health, and income (Kahana et al., 1995); subjective health and health self-image (Sherrard, 1997); reduced barriers to participation (Hawkins et al., 1995); having a spouse, participating in community activities, and interacting with friends; and interacting

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with one's children (Hong & Duff, 1997). Ardel (1997), summarizing research on wisdom (Pascual-Leone, 1990; Achenbaum & Bengston, 1993), made a particularly strong argument for including the construct of wisdom in studies of life satisfaction. "I [propose] that people experience satisfaction and a sense of fulfillment in old age as a consequence of achieving greater wisdom over the life course and that wisdom, rather than objective life conditions, explains most of the variation in life satisfaction during old age" (p. P16). In her argument, happiness in later life is strongly related to the life we have lived and to the way we integrate it with our present sense of self.

That body of literature also contains predictors of low morale and life satisfaction, including limited choice, limited responsibility, limited

social resources, poor physical health, lack of personal meaning, and lack of optimism (Reker, 1997); as well as envy, a need to control, complaining and critical thought, a sense of entitlement, regret, perfectionism, and unrealistically high expectations (Hosen, 1996). Eliminating predictors of low morale does not create high life satisfaction, but it does seem to be strongly associated with health.

Clinical observations and qualitative data derived from narrative methodologies will add an important and perhaps clarifying perspective to the burgeoning body of knowledge about morale and life satisfaction. It is one thing to measure someone's attitudes and feelings; it is quite another to systematically record that person's self-perception. The field is poised to take on the latter charge.

Structural-Functional Frameworks

Sociologists study society—social factors such as values, norms, roles, social structures, institutions, stratification, and subcultures. Social gerontologists study these factors as they affect elders. The studies that fall under this broad category delve into every social group in an older person's life. Studies have included economic structure, the family, race, and demography. Studies on the historical context of aging, the media, work, friendship, and communication networks provide data on the social context of aging.

Sociological theories of aging use the same concepts as those used in contemporary general sociological theory. One dominant framework in sociological theory is the structural-functional framework, which views societies as systems and subsystems of social rules and roles. Members become socialized by internalizing the social system's norms and values, and the entire system functions in a reasonably orderly fashion if its structures are organized and intact. The activity theory of aging and the disengagement theory are structural-functional in that they deal with systems of rules and roles for the aged in society. Three more structural-functional concepts for understanding aging are here: considered age stratification, role theory, and age grading.

Age Stratification

The **age stratification** theory studies older persons in relation to all other age groups, or age strata, in a society, examining the differences between the age strata and studying the way in which society allocates opportunities, social roles, rights, privileges, status, power, and entitlements on the basis of age. The persons in an age stratum have similar characteristics because they are at the same stage in the life course and share a common history. Changing social environments produce different patterns of ad-



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Being alone does not necessarily mean being lonely. Here a businessman reads while enjoying a quiet lunch.

aptation in successive age groups, and cultures vary in the extent to and manner in which they are stratified by age (Bowling, 1997; Liu et al., 1995). Age stratification theory has been used to explain power and status inequities between young and old in given societies. For example, sociologists have used the theory to analyze the power—and lack of it—in younger generations in China.

Roles, Gender, and Ethnicity

Role is one of the most basic concepts in all of sociology, one that you will find used in almost every sociological framework. Sociologists are quick to point out that the word role is a concept, not a theory. A role is a status or position, which carries known attributes, accorded to an individual in a given social system. “Doctor,”

“mommy,” “sports fan,” and “churchgoer” are all roles.

In studies of aging we find analysis of age roles, role transitions, role acquisitions, role relinquishment, and socialization to and from roles (Dannefer & Uhlenberg, 1999; Quadagno & Reid, 1999). Roles are modified, redefined, and transformed as people age. Roles in marriage, families, careers, and community change throughout the life course. The interplay of race, gender, and ethnicity serve to shape life opportunities and lifestyles. They have formal roles in institutional settings such as schools and hospitals and more informal roles in less structured settings such as friendship and neighboring. Role exit was once a major focus of aging studies, but role transition now seems a more appropriate term.

Gender roles have to do with the cultural aspects of being male or female. Being male and female in every culture is linked to specific roles, attitudes, and behaviors. Because aging men and women are looked on differently in our society and in other cultures around the world, the study of gender is very important. Clearly, the experience of being old is a different one for men than it is for women.

Ethnic diversity has become a major focus of gerontology. **Ethnicity** refers to one's identification with a subgroup in society having a unique set of values, traditions, or language, often originating in another country. The role of ethnicity as it affects aging and the aged is often overlooked in the studies of gerontology. Particularly among earlier studies, generalizations were made on the basis of white, middle-class respondents, but clearly these generalizations did not apply to all racial and ethnic groups. Numerous international studies are now adding richness to our understanding of aging (Liu et al., 1995; Allain et al., 1996; Shmotkin & Hadari, 1996; Bowling et al., 1995), and newer studies of cultural groups within the United States (Liang et al., 1992; Uehara, 1995; Guyotte, 1997) further develop a true understanding of the experience of all U.S. elders. Looking at older people

in diverse groups has added to the richness and complexity of the research of aging.

Age Grading

We live in an age-graded society. **Age grading** means that age is a prime criterion in determining the opportunities people may enjoy. Our age partially establishes the roles we may play. Both children and old people are welcomed to or barred from various opportunities because of the often stereotyped images that society forms of the young and the old. Such beliefs often prevent the young and the old from expressing individual differences and thereby lead to injustices. In other words, older people may be less active not because of their biology or the aging process, but because they are expected to present an image of idleness; indeed, social roles sometimes do not permit elders to be active and involved. Role expectations at various age levels are called **age norms**. Society pressures individuals to engage in activities such as marriage, schooling, and child rearing at socially approved ages. One way to determine the presence of age norms would be to ask questions such as the following:

- Would you approve of a woman who decided to have a child at age 42? Age 60?
- Would you approve of a couple who moved across the country to live near their married children when the couple was 50? 65? What about 80?

Answers to these and similar questions would reveal age norms for child rearing and other activities. Age norms affecting the older population can be studied by asking a sample group whether situations such as the following are appropriate or inappropriate:

- A very old man buys and drives a flashy new sports car
- An older woman dresses in very modern youth fashion, including a nose ring
- A couple in their 70s sunbathe on a public beach in their bikinis

We can view age norms as a form of social control. If one follows the age norms, one receives approval; if not, disapproval and possibly negative sanctions result.

Studies show a continuing shift toward a loosening of age grading and age norms in the United States. Lives are becoming more fluid. There is no longer a definite age at which one marries, enters the labor market, goes to school, or has children. It no longer surprises us to hear of a 23-year-old computer company owner, a 34-year-old governor, a 36-year-old grandmother, or a retiree of 52. No one is shocked at a 60-year-old college student, a 50-year-old man who becomes a father for the first time, or an 80-year-old who launches a new business. Our ever-advancing technologies continue to test and stretch the limits of what people find acceptable—for example, medical developments now permit the implantation of a fertilized donated egg in a postmenopausal woman.

Age Groupings

Studying Cohorts and Generations

Studies of cohorts and generations are conducted by demographers, sociologists who study social change, and social psychologists studying the life course. A major problem in understanding age differences is determining whether change is due to “age” or “period” effects. A change due to an age effect is caused by maturation, that is, biological change from the physical aging process. Period effects are changes in different age groups resulting from historical events that have affected one age group differently than another.

Age Cohort

For our purposes, an **age cohort** is a group of individuals exposed to a similar set of life experiences and historical events. Demographers often use cohort analysis to compare groups of people born during specific time periods, usu-

ally separated by 5- or 10-year intervals. We expect that age cohorts will show similarities to one another. Cohort analysis permits the sociologist to study the effects that events or demographics may have on a broad group of individuals, all of whom have experienced the same events at a similar state of biological and physical development.

With the tendency of the media to homogenize social groups, a cultural image has evolved of baby boomers as the free-loving hippie generation that dodged the draft, protested against the Vietnam War, attended Woodstock, and enjoyed economic prosperity (Williams et al., 1997). Likewise, young adult cohorts in their 20s have been referred to by the media as **Generation X** (Keil, 1998). The “twentysomethings” who represent Generation X are stereotyped as whiners and slackers, complaining about the national debt they have inherited and totally unappreciative of “how good they have it.” This cohort has watched more television and as a result has probably witnessed more violence and murder than any generation in history; its members have passed more time alone as young children, and it is the first generation to have spent considerable time in day care (Losyk, 1997). Many of them grew up with stepparents, stepsiblings, half-siblings, and with both parents in full-time employment.

Generation X is the smallest cohort since the early 1950s and is thus labeled a “baby bust” generation, as opposed to their boomer parents. They are the first generation in the United States to be smaller than the generation that precedes them (Williams et al., 1997). For this reason, their chances in the job market are increased, and if the higher productivity of American business continues into the new century, and if homes stay affordable, Generation X should do well compared with the cohorts before them (Minter, 1997).

Another important first with the Generation X cohort: the media are profoundly powerful in their lives. All of the characterizations outlined above are media created and media reinforced. Social scientists have been woefully silent as

characterizations have been reinforced into stereotypes of all the generational cohorts.

Despite the many similarities in individuals as members of cohorts, the result of their growing into maturity within a specific cultural and economic moment in history, the differences among people remain greater than their similarities, and the reminder to avoid overgeneralization must be restated. Subgroups within a cohort experience the world in different ways based on such variables as class, gender, ethnic background, or region of residence

Generations and Events

The concept of a **generation** is more complex than the concept of a cohort. The print and electronic media have used the term widely (and loosely) to indicate the differences in values between parents and children (the so-called generation gap). Others have used the term to identify the values of those who are older or younger than some arbitrary age—the “over-30 generation” or the “under-30 generation,” for instance. Historians and sociologists have applied the term in additional ways. For them, the term generation may mean distinctive life patterns and values as they emerge by age, or it may connote not only distinctive life patterns but also a collective mentality that sets one age group apart from another.

Karl Mannheim (1952, 1993) formulated the latter definition and described the process by which group consciousness of generations develops. According to Mannheim, generations are not an arbitrarily defined number of years imposed by researchers; instead, they represent a reflection of historical events and social change. For example, the invention of the automobile may have led to the formation of two generations—those who grew up with access to cars and those who did not. And children’s use of computers may lead non-computer-using parents to feel as if they are truly from another generation in this sense.

An age group that has lived through a major social event, such as the Great Depression, may exhibit characteristics that are not due to

internal or biological aging and that are not found in other age groups. The impact of widespread social events on their survivors has not received enough systematic investigation, even though events that your parents or you have experienced may well continue to influence your lives. What, for example, are the effects of having lived through the Vietnam or Watergate era? The wars in the Persian Gulf? If you were a young adult during the Iran-contra affair or the savings and loan crisis, will you be more skeptical of politicians than your children, assuming no comparable incidents occur in their early adulthood? Would a young adult of the Vietnam War era be less patriotic than you, if you were a young adult during the post-9/11 war in Iraq? If so, one might conclude that events, rather than the aging process, made you more skeptical or more patriotic. Events of our younger years play an especially important role in shaping feelings and attitudes that persist throughout our lives.

According to Mannheim, broad social movements, including somewhat trivial changes in fads and fashions, are concrete manifestations of a generation’s social reality. Consequently, if social change is rapid, then different generations could theoretically appear every few years. Conversely, if social change is slow, then the same generation might exist for several decades. Mannheim’s “**generation**” is defined quite specifically: birth cohorts do not form “true generations” unless they develop not only a distinctive life pattern but also a collective identity and a political consciousness of themselves as a unique group.

Some social scientists speak of the post-World War II generation, as opposed to the World War II generation, in the sense Mannheim describes. Those who remember the patriotism that World War II generated are not the same as those who were born too late to have experienced it. The post-World War II generation is described as less patriotic, less traditional, more alienated, and more skeptical of war. Collectively, in contrast, those who experienced World War II are more optimistic about the U.S. role in world politics and political leadership and show more

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support and respect for the president. During the 1991 war in the Persian Gulf, this patriotic mentality seemed to assert itself once again: perhaps a new “generation” was born. Social commentators define as a “new” generation those who use computerized equipment—computers, digital cameras, satellite TV, digital music players—with ease. New technologies can indeed make one feel a generation removed, hopelessly dated and at odds with changing times. With motivation and training, however, one can join the new generation.

Lineage

Sociologists use the concept **lineage** to discuss generations within families. Parents transmit values to children, and continuity or discontinuity may distinguish the transmission of specific

values within a particular family or families. Social, political, or technological events may intervene in this transmission and thereby alter roles and values within the family context. Consequently, the authority of older family members may be strengthened, weakened, or changed in a way that also alters parent-child relationships.

Given the increase in life expectancy in the United States today, four- and even five-generation families are quite common. Although this interaction of family members can be a source of great personal enrichment, differences in values can produce tension and conflict among the family’s generations. These value differences may be a source of age prejudice, or ageism, within the family. We may reduce these age prejudices in our own families by understanding the social and historical development of other family members’ generations.

Explaining the Generation Gap

When a **generation gap** exists between young adults of, say, 20 and adults age 50 and over, the cause may be biological maturation, historical or social events, or personal change such as education.

Biology

A 50-year-old mother may have acted like her 20-year-old daughter or son when she was the same age. That 20-year-old child may, in the process of aging, take on the same traits as the mother’s. Thus, this generation gap between mother and child may be the result of differences in biological maturation or the biological aging process.

Historical and Social Events

Suppose a mother grew up in a conservative time period when say, early marriage was expected for women. We would probably label her

values traditional. We would consider her child, who grew up in a later time period that might be called more liberal, as having modern values—for example, a couple that lives together instead of getting married. In this case, history or social events cause the generation gap.

Social change may be a major cause of age prejudice, principally because the more rapid the social change, the greater the possibility of value clashes. Social observers may sometimes overestimate the rapidity of social change. Studies have shown that basic value orientations remain fairly constant across several generations. For example, analysis of the generation gap in the late 1960s, a time of considerable social unrest, showed that politically liberal students tended to have politically liberal parents. Thus, measured in terms of differences between a specific parent and child, the generation gap of the 1960s was not as extreme as it appeared overall. The generation gap in such countries as Israel, Russia, and Korea is greater than the gap in the United States because value systems for the young and the old show greater extremes in these countries and because many of these countries are undergoing rapid social change.

Personal Change

A generation gap caused by personal change is an individual matter that does not necessarily reflect widespread cultural changes. If one child, for example, moves from a cattle ranch to the city to get an education and, upon returning to visit her parents, announces that she is now a vegetarian and that killing animals is morally wrong, the cattle-raising father may comment with exasperation about the “generation gap” between himself and his daughter. This single occurrence, however, is an example of shifting values within a family. It does not necessarily reflect a larger social pattern indicating that young people are becoming vegetarians. It is therefore not consistent with Mannheim’s use of the term generation.

Although a number of studies have examined generational differences, most have focused on middle-aged parents and children. Few have focused on the very old. A generation gap can exist between middle-aged offspring and their parents, or between elders and their grandchildren or great-grandchildren. We generally think of young people when we hear the “generation gap.” But differences between the beliefs and values of the middle-aged and oldsters can be as real as the differences between the beliefs and values of the old and the young.

Cross-Sectional versus Longitudinal Studies

Two helpful methods of studying different cohorts or generations have been cross-sectional and longitudinal studies. A **cross-sectional study** samples, at a given point in time, persons belonging to different cohorts or generations and observes the differences. **Longitudinal studies**, in contrast, sample individuals or cohorts and follow them over a long period of time. In general, longitudinal studies have been more fruitful than cross-sectional studies in analyzing change over the life course, because social scientists have drawn many erroneous conclusions by using cross-sectional studies of different age groups at a single point in time.

In general, longitudinal research is more accurate than cross-sectional research. Although cross-sectional research offers the social scientist the unique opportunity of simultaneously studying the young, the middle-aged, and the old, it cannot account for the *process* of change. Differences in attitude or behavior may be due to the aging process or to other factors, but cause and effect are quite difficult to determine in a cross-sectional study. For example, if old persons attend church more often than younger people, can we assume that individuals become more religious with age? Not really. The older people have possibly always been faithful in attending church, even as youngsters; and the young who do not now attend church also may

TABLE 4.3**Longitudinal study method**

Three cohorts are studied in the year 2000. Those same cohorts are studied 20 years later.

Year of study: 2000	Cohort 1: 20-year-olds	Cohort 2: 40-year-olds	Cohort 3: 60-year-olds
Year of study: 2020	Cohort 1: 40-year-olds	Cohort 2: 60-year-olds	Cohort 3: 80-year-olds

not do so in old age. Longitudinal studies are superior to studies conducted at any given point in time because they can follow the change (or lack of change) in individuals.

Generalizing about cause and effect may become more reliable with longitudinal study. Several years ago, an assumption that IQ decreased with age was based on cross-sectional studies that showed older people to have lower IQs than younger adults. However, these older individuals had left school at a relatively young age during an era when many children did not have an opportunity to attend high school, such as people usually have today. Differences in education (a cohort effect) explained much of the presumed decline found in the cross-sectional studies. In fact, longitudinal studies show that IQ does not decrease with age but remains stable into one's 70s. Many of our misconceptions about aging may be blamed on cross-sectional research.

Separating the effects of age (maturation that comes with the aging process), period (history and events), and cohort (differences in social class, education, and occupation) can be difficult. To do so, one must first consider cross-sectional differences, then longitudinal differences. Let us use Table 4.3 as an example. The top row of 20-year-olds, 40-year-olds, and 60-year-olds represents one cross-sectional study, which could compare all three age groups at once in 1990. The downward arrows, in contrast, represent longitudinal studies. A study using the model in Table 4.3 would provide a basis for many interesting comparisons and would produce findings about the effects of the aging process, "the times" (external social forces), and cohort differences. If such a model were used to study

voting behavior, fear of aging, personal contentment with life, or political alienation, what do you think the results would show? In the final analysis, one would have:

- One cohort of 20-year-olds
- Two cohorts of 40-year-olds
- Two cohorts of 60-year-olds
- One cohort of 80-year-olds

Comparisons could be made within and between all these groups. If, for example, the two groups of 40-year-olds scored dramatically differently on a political alienation scale, one could assume that the time period during which they were raised, not biological aging, was a key factor. These massive studies incorporating both cross-sectional and longitudinal approaches may allow us to unravel the complicated effects of age, period, and cohort differences.

Exchange Theory

Exchange theory is based on the premises that individuals and groups act to maximize rewards and minimize costs; that such interaction will be maintained if it continues to be more rewarding than costly; and that when one person is dependent on another, the first person loses power. This model explains decreased interaction between the old and the young in terms of the older generation having fewer resources to offer in the social exchanges and thus less to bring to the encounter (Dowd, 1975; Bengtson & Dowd, 1981).

Power is thus derived from imbalances in social exchange. Social exchanges are more than

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economic transactions. They involve psychological satisfaction and need gratification. Though this perspective sounds rather cold and calculating, social life according to exchange theory is a series of exchanges that add to or subtract from one's store of power and prestige. The concept has become particularly useful recently in studies of leadership (Williams et al., 1996; Gerstner & Day, 1997) and of friendship (Burger et al., 1997; Roberto, 1997).

The first gerontologist to apply exchange theory was J. David Martin (1971), who used the theory to aid in understanding visiting patterns among family members. Some older individuals have little power. Families feel an obligation to visit but may not really want to. The older person's persistent complaints that relatives do not visit may motivate some visiting behavior, but the complaints may also decrease any pleasure and satisfaction felt by those who visit. Those elders who have other sources of power, such as financial resources or having interesting stories to tell, are in a better position. In fact, they could hold "power" positions over "dependent" relatives. Similar equity considera-

tions have been applied to the study of shifts in roles, skills, and resources that accompany advancing age (Hendricks, 1995). Another way of discussing change is to use a concept popular among anthropologists: reciprocity. The **norm of reciprocity** involves maintaining balance in relationships by paying for goods or deeds with equivalent goods or deeds. It is a social rule that requires us to return favors to those who do something nice for us. It does not imply an open-ended obligation to return a favor. Rather, it requires only that acts of kindness be returned within a reasonable period of time (Burger et al., 1997). It can be applied in business or in relationships with family and friends. For example, I'll trade you this radio and five cassettes for that stereo: the goods' values are equal; we're "balanced." The goods might be less tangible: I will come to stay with your frail mother while you go shopping, because you were there for me when my husband was ill; a kindness is exchanged for a kindness. One study used exchange theory to interpret differences over time in a group of older women's close friendships (Roberto, 1997). They found that the essential

elements of the women's friendships (understanding, affection, trust, and acceptance) endured over time, although the balance of the exchanges of those elements shifted: I can be trusted to keep your confidence because, in the past, I have been able to trust you.

Some groups in society are unable to repay what they receive—children and mentally disabled people are two examples. In these cases, beneficence becomes the norm. The person who does the giving in this case does not expect a material reward but does expect love or gratitude. The **norm of beneficence** calls into play such nonrational sentiments as loyalty, gratitude, and faithfulness. The norm is particularly relevant for care providers of frail and vulnerable people. One study comparing the use of restraints in chronic and acute patient care found that fewer restraints and a greater range of alternatives were used by chronic care nurses (Bryant & Fernald, 1997). The authors concluded that the differences were due in part to the norm of beneficence that chronic care nurses must honor to be effective in their professions.

Dowd (1984) asserts that the very old—but not the young old—in our society benefit from the norm of beneficence. He directs his attention not to personal relationships but to social ones, noting that benefits from the government, such as Medicaid, Meals on Wheels, and other social services are being less strongly supported and becoming increasingly unavailable to the young old. In a classic analysis of interactions made more than four decades ago, Gouldner (1960) distinguished between reciprocity as a pattern of social exchange and reciprocity as a general moral belief. The reciprocity norm dictates that one not gain at the expense of another's beneficial acts (a moral belief). **Equity theory** suggests that people react equally negatively to under- and to overbenefiting. Balanced benefit is the moral standard. Studies on African American women, midwestern rural elderly, and the very old in Appalachia, however, conclude that people have far greater concern about overbenefiting, or being on the receiving end of the

balance (McCulloch & Kivet, 1995; Uehara, 1995). This finding has implications both for service providers and for those who receive senior services. Exchange theory and the norms of reciprocity and beneficence remain valuable concepts for understanding the position of elders. We can apply exchange theory at a small-group level, between one older individual and another person, or at a societal level.

Meaning in Everyday Life

Studies of the meaning in everyday life come to us from philosophy, phenomenology, symbolic interaction, and social psychology. The studies that form this body of information are diverse, but they intersect at the point of seeking to understand, from person to person, the meaning we attach to living our lives and the communications we have with others. Symbolic interaction, for example, examines the way in which people attach meaning to their own behavior. This meaning is based partly on their perceptions of others with whom they interact.

Gerontologists concerned with psychological well-being are becoming increasingly concerned with what aging means to the individual experiencing it. One scholar describes the findings of old age as a paradox: although old age is often negatively described as a marginal status, this seems to have little effect on the everyday lives and feelings of older people (Ward, 1984). Old age may be derogated, yet old people are often happy with themselves and their circumstances. Ward explains this paradox with the term **salience**—the degree to which something is central, important, or meaningful. If age is not salient to older people, they may not think about their age or feel the marginal status they supposedly hold. Older individuals may not feel that their age is a prominent trait, even though gerontologists and others think it is.

Learning what is salient to individuals requires listening to what they say. What elders have to say frequently emerges in the telling of

stories—of sorting through memories, making sense of the present in terms of the past. This is the artful skill of drawing from the community and from past experience to help construct a positive self-image in the present (Encandela, 1997). The meanings represented in life stories might be work in progress, might already be a clear part of the individual's meaning structure, or might represent a dilemma on which the individual is working—aspects of the self that are not yet coherent or well integrated (Luborsky, 1993).

In life stories, the narrator shows how [an] event takes on new meaning as the self is realigned in relation to some larger collective body and ideology.

GINSBURG & HEINEMANN, 1989

In a recent study designed to test psychometric measures, an interesting finding emerged that is remarkably consistent with phenomenological research, which pulls its conclusions from people's own voices. Van Ranst and Marcoen (1997) began their research with the premise that one's need for personal meaning should increase with age. Their findings, based on statistical analysis of the Life Regard Index, concluded that there were age differences in the experienced meaning in life. The older the individual, the better able was that person to see life within some perspective, and the more that person considered him or herself as having fulfilled or as being in the process of fulfilling life goals. Young adults, on the other hand, seemed to experience less meaning in life than did the elders. Perhaps the *work* of making meaning was less salient for the young adults than it was for the older adults. Examples of the 30 items in the measure are purpose in living, clear direction, philosophy of life, accomplishment, attainment of goals, and the value of potential (Debats et al., 1993).

Older people may not feel that their age changes their circumstances or their personal

“worlds.” Age is, in essence, irrelevant to who they are. To better understand aging as experienced by those who are aged, gerontologists need to understand more clearly when age is relevant to individuals, what the consequences of that relevance is, and what the function of friendship networks is in aging.

Many studies of meaning in everyday life derive their basic approach from the school of sociological theory known as phenomenology. The **phenomenological theory** of aging is primarily concerned with the meaning that life and growing old have for aging people. Rather than constructing a theory about aging, phenomenologists attempt to define growing old through close association with those who are actively participating in the process. A major methodology of the phenomenological approach is to observe older people. Rather than, say, give the elders statements with which to agree or disagree, this approach would let their words or actions speak for themselves.

Sociologists have lived in the settings they studied. Early in the history of social gerontology, Gubrium (1975) constructed the meaning of living in a nursing home by documenting the lives of the participants, who included patients, residents, staff, administrators, and visitors. Jacobs (1975) followed a similar strategy in studying two other housing arrangements for elders—a middle-class retirement community and a high-rise apartment building in an urban environment. His more recent studies have focused on aspects of everyday life of which people have little conscious awareness—the small routine aspects of life. His studies direct attention to the “nontrivial nature of trivia”—the everyday, taken-for-granted knowledge, skills, and interactions of which most social life is composed (Jacobs, 1994).

Whether the study takes a phenomenological approach or not, researchers who study meaning in everyday life typically try to use techniques that do not allow the researcher's perspective or presence to influence the subjects' words and actions. The goal is to encourage

respondents to articulate a life perspective free of any bias the researcher's theoretical framework might cause.

A significant study using phenomenological methods entitled *The Ageless Self: Sources of Meaning in Late Life* was published in 1986 by Sharon Kaufman. Kaufman used open-ended questions as she conducted lengthy interviews with 60 aged people in their own homes. In studying the 60 people, Kaufman looked for themes that arose from *their* voices—not her theory—to discover what gave them a sense of life meaning. What Kaufman discovered was what she called an “ageless self.”

For 80-year-old Millie, life gained its meaning from close, emotional ties:

My mother cherished me. . . . I adored my father and he clung to me. . . . I adored my principal. . . . I was attached to the other children in the neighborhood. I took care of all of them. . . . I loved my piano teacher. . . .
(Kaufman, 1986, p. 34)

Millie's meaning in life came from the positive feelings she got from relationships with others.

For others, meaning in life came from a variety of sources: making money, overcoming alcoholism, or achieving status. Dorfman's study (1994) of Franklin Village is, in her words,

a personal odyssey into the inner experience of aging. The journey began with my immersion into a community of elders and the honing of my observational skills. It ends with a clearer understanding of the phenomenology of aging—one that is divested of ageist myths and stereotypes and that highlights the significance of aspirations and values in late life. (p. xiii)

Franklin Village is a continuing-care retirement community in which the researcher lived, and she took part in the daily life of the community. What resulted is an ethnography (field research study) encompassing in-depth interviews, case studies, and participant observation.

Eighty-one residents shared their aspirations with her in both prearranged interviews and informal chats. When she left, she had spent 1,000 hours talking to people who ultimately became her friends, in addition to providing her with a look into the inner experience of aging. Examples of residents' aspirations were to be independent, to have new experiences, to have intimate contact, to recreate past experiences, and to have a quick, easy death when the time came (Dorfman, 1994).

Symbolic interaction, another theoretical framework, also studies meaning in everyday life. Symbolic interaction examines interactions that individuals have with each other—ways that verbal and nonverbal messages are communicated by one party to another and how these messages are understood by the other party. Such interaction modifies one's self-concept and one's view of the other interactant and, on a larger scale, of the social order. Symbolic interaction offers a dynamic rather than a static view of social life. Individuals continually change their self-concepts and their views of others based on continuing interactions.

Life is a vapor. It passes in a blink of an eye.

SARAH DELANY, AGE 107,
IN DELANY & HEARTH, 1997

Meaning in life can also be gleaned from poems, diaries, journals, and other sources of life history narratives. Older people who are not able to write may give their life history orally. Two sisters, Sarah and Elizabeth (Bessie) Delany, when they were over 100 years old, told their life history of being born the children of former slaves, getting their education, and becoming educators themselves. On September 25, 1995, Bessie Delany died in her sleep at home. Life's meaning is beautifully and poignantly reflected by her sister, Sarah, in her subsequent book, *On My Own at 107: Reflections on Life*

without Bessie (Delany & Hearth, 1997). In it, she speaks to her sister:

I'm very conscious of being alone. . . . The winter after you left us was the longest, coldest, snowiest one that anyone had ever seen in these parts. It seemed fitting, somehow. But once the spring came I began to feel better. How can you not feel optimistic when the days are longer and warmer? And the birds are singing? The spring reminded me, Life goes on. (p. 32)

Life narratives have wide appeal because they promote the ideal of freeing people to reflect on their life and share personal meanings. Constructing a life story is thought to be therapeutic for older people, but gerontologists caution that the telling of life stories does not always enhance well-being for the aged person. It can bring distress if the memories are negative or painful. Another problem in this area of research is that very rarely is the entire text of the tale printed. Instead it is glimpsed in fragments selected by authors, despite its being upheld as a means to empower individual voices (Luborsky, 1993). Qualitative research raises new issues about context, process, and meaning (Abel & Sankar, 1995). According to another expert on qualitative research, experience and voice should be represented from those studied—whether it be caregivers, care receivers, family members, or significant others. This requires that researchers keep subjects and their worlds at center stage, never (not even late in the research process) in the background (Gubrium & Holstein, 1995).

The use of qualitative research is particularly cogent for studies on aging. Bernice Neugarten (1985) summarizes:

If ever there was an area of inquiry that should be approached from the perspective of interpretive social science, this is one. It is apparent even to the most casual observer that aging has multiple biological, psychological, and sociological components; that neither the behavior of older people nor the

status of older people can be understood otherwise; and that the primary need is for explication of contexts and for multiplicity of methods. (p. 294)

Qualitative research is a means for *connecting* lives—of understanding more fully how individual experience shapes a life. This understanding provides the perspective necessary to design programs and policy interventions that have the capacity to respond to particular, as well as to general, needs (Holstein, 1995).

The particulars of any story in a narrative may not have ever occurred, or may have occurred quite differently to another participant than to the person remembering it. This does not mean that the storyteller is lying. Understanding another's story is the true test of the axiom that "the truth is relative." One person's truth or interpretation of an event might be very different from another's. It is our interpretation that we remember, not necessarily the cold, hard facts. The storyteller may believe the story, but memory and circumstances may have altered the actual facts. However, if the storyteller and his or her listener believe it is true, they behave with each other as if it were. Whether exact in terms of the cold, hard facts or not, the truth as spoken has symbolic meaning to the speaker, and therefore to the receptive listener.

Things perceived as real are real in their consequences.

THOMAS, 1927

Critical Gerontology

Critical gerontology evolved from critical sociology, which uses a neo-Marxian theory to critique the social fabric. Marxian theory looks to economic structures as the root cause of social manifestations. Members of society form an individual or group consciousness of their struggle against powerful economic forces. Only

then can they unite to fight against these forces. The focus in this perspective on individual and group consciousness borrows from symbolic interaction theory. The main goal of the critical gerontology perspective is to identify wider social influences on problems that individuals experience. In 1989, for example, Cohen and Sokolovsky used a critical gerontology perspective in their report describing how the living conditions of men in the Bowery became defined in individual terms, not in terms of the larger social and political context. The critical perspective says that as long as social problems are defined in individual terms, change cannot happen. The analysis moves issues from “feed a man a fish” and “teach a man to fish” to “examine the environment in which fish might thrive, so a man can both fish and eat.”

Current and future generations of the elderly are part of a quiet revolution . . . of older individuals representing the broadest range of ethnic, racial . . . and [regional and class] diversity ever witnessed. . . . This diversity challenges us to evaluate the applicability of existing research, policy and programs to emerging elderly populations.

BURTON, 1992

The **political economy of aging** draws attention to the political side of economics with regard to the aged—how political power affects the amount of money given to fund social services for elders. For example, critical theory posits that capitalism and the profit motive short-change elders. It criticizes the class structure for perpetuating poverty among older women and minorities. Programs that address individuals fail to address the larger issue of social inequity (Estes, 1991). The causes are rooted in market and class structures—in other words, American capitalist institutions.

Minkler and Estes (1991) described the American values that undermine true reform as the ethic of individual responsibility, the negative

view so many citizens hold of centralized government, and the individualistic view of social problems. These perceptions “obscure an understanding of aging as a socially generated problem and status” (Estes, 1983, p. 171). Laws (1995) argues that ageism is rooted in values that devalue the aged body. She wants to use critical theory to understand the way morality and values place their stamp upon our conceptions of the aging body.

The critical approach focuses on the negative experiences of aging, with the premise that the problems of aging are social and, thus, can be corrected with political and social action. A structural explanation is, therefore, tied to activism. Other branches of critical gerontology are working to identify wide social influences that shape what gets defined as a problem, how the problem gets looked at, and the consequences of different patterns of research. The worldviews of gerontologists should come under study as well as the people they are studying (Luborsky & Sankar, 1993). These studies can overlap with philosophy. They are important in directing our attention to biases that affect our choice of what to study, how to study, and even our choice of concepts and the wording of hypotheses.

Concludes Minkler (1996): “For gerontology to reach its full potential, . . . the important work that continues to take place in the biological and psychological aspects of ageing must be complemented by critical perspectives from political economy, feminist scholarship, and the humanities, coupled with newer, culturally relevant ways of thinking about ageing in multicultural societies.”

Pure versus Applied Research

Pure research is the search for knowledge in the most unbiased fashion possible. The natural, physical, and social sciences use the scientific method to test hypotheses objectively and to

accept or reject hypotheses using clearly defined criteria. The pure researcher first formulates a theory; then he or she generates hypotheses and devises a plan for testing them. The researcher must find ways of empirically measuring theoretical concepts or variables.

Let us consider an example from the activity/disengagement controversy. A researcher might want to test the hypothesis that the morale of an older person increases with the number of activities in which he or she is involved. To do so, at least two variables must be measured—morale and number of activities. This task may seem easy, but it is not. Morale is a complex variable, hard to define and hard to scale in a meaningful way. The number-of-activities variable is somewhat easier to deal with, but it can present problems. The researcher must decide, for example, if watching television or reading should be regarded as activities. Once variables are defined and scaled, the pure researcher must then identify the sample group.

A study of all elderly persons is impossible, so some smaller group, or sample, must be identified and selected. The sample should be chosen on a random basis so that no particular selective factor confuses the issue. Next, methods of collecting the data from this sample must be devised. Typical methods for collecting data are the interview and the questionnaire. After the social scientist has collected all the data, he or she uses methods of analysis, which often involve statistical techniques, to tabulate the results of the study.

The objective of all this work is to produce a study that is valid (accurate) and replicable (capable of yielding the same results when repeated). The data analysis will usually determine whether the initial hypothesis should be accepted or rejected, but the study's validity and replicability are just as important in determining the authority and persuasiveness of the conclusions about the hypothesis drawn from the study.

Using scales and tabulating totals is known as **quantitative research**. Survey research is typically quantitative. Another kind of research

widely used in the study of people is called **qualitative research**. Making observations in a retirement setting or nursing home, conducting lengthy oral interviews to get oral histories, or asking open-ended questions that explore the meaning of life may not yield results that can be scaled or analyzed statistically; yet these observations and interviews are scientific studies. They represent qualitative studies rather than quantitative ones. One qualitative study consisted of taped interviews, an approach the researcher called "retrospective life span analysis" (Job, 1983). Very old persons answered open-ended questions and told of important and meaningful life events. This model incorporates ethnographic methods developed by anthropologists in which narrative data, or people's stories about their lives, are the units of analysis (Gubrium & Holstein, 1995).

Gerontologists do not agree on the best approach to study, or even that there is a best approach. In a sense, each one has a camera set up in a different position, getting a different angle on the subject.

The applied branch of any science is concerned with using the findings of pure research to improve the quality of life. **Applied research**, to state it simply, yields practical solutions to a particular problem and is not concerned with theoretical speculation as to why the problem exists. Are most elderly poorly nourished, poorly housed, victims of high crime rates, and living below the poverty line? If they are, what is the best way to solve these problems? Just as physicians apply findings from biological science to help people get well and engineers apply findings from the physical and natural sciences to build better dams, bridges, and buildings, the applied social scientist might analyze the delivery of services or devise ways to improve the social environment in which people live. Of course, individuals may have differing ideas of what constitutes an improvement. Applied gerontology should be used to evaluate housing, transportation, pensions, employment programs, and Older Americans Act services. Scholarly consideration should also

be given to how government regulations affect older people (Kane, 1992; Minkler, 1996).

One might think that the pure and applied approaches are separate and distinct, yet in gerontological study the pure and applied are often used together. Some theories present obvious value judgments and imply how the research can be applied. The everyday-life approach may or may not imply intervention. It can be pure research in the sense of its goal: to study the meaning that life has for old people. Yet some of the findings from this theoretical approach also imply ways for improving the lot of older people. Thus, the distinction between pure and applied research is often arbitrary. Applied research can identify and suggest ways to solve existing problems. Pure research can question why the problems exist. If solutions are implemented, applied research can then investigate the effectiveness of the solutions. All in all, pure and applied research stimulate each other.

The Future of Social Gerontology

Social theories of aging come from two principal viewpoints—the psychological and the sociological—or from some combination of the two. Gerontology has been more interdisciplinary than many fields of study. Subjective well-being adds a psychological dimension to studies of aging, for example, whereas age stratification emphasizes the sociological dimension.

Sometimes the distinction between the psychological and sociological can be quite arbitrary,

and this can be confusing to students just beginning their study of gerontology. If one can imagine gerontologists as photographers taking pictures of aging from many different angles, one can go on to conceptualize theorists looking at the lives of older people from many different angles. The pictures have a great deal in common, but the angles offer shades of difference and meaning. Theories overlap, but each one has its unique emphasis.

Because older people face so many practical problems that demand immediate solutions, research in the field of gerontology has often been applied rather than purely theoretical. Researchers have invested much of their time in seeking effective social solutions, often ignoring the broader theoretical questions.

The 1960s brought forth a flurry of research instigated by the activity/disengagement controversy, whereas the 1970s and 1980s saw a greater diversity of theoretical frameworks. The 1990s fostered an even wider and richer array of theories and concepts to the study of gerontology, with special emphasis on issues relevant to our extraordinary diversity of culture. At the beginning of the twenty-first century, the voices of scholars now call for acknowledgment that societies and cultures are woven together in complex strands, thus highlighting the need to study and understand that interdependence.

Likewise, as the percentage of older persons continues to climb, society needs more workers in fields such as education, outreach, and long-term care. We have many more research questions to answer before our society can fulfill the physical, psychological, and social needs of our older population.

Chapter Summary

Social gerontology studies social aspects of aging. Various theoretical frameworks have been used to study aging from a social science perspective. Controversy over the activity theory versus the disengagement theory of aging shaped the field

of social gerontology in the 1960s. The controversy has never been resolved, though the activity theory seems to be favored. The most often studied variable in all of gerontology is psychological well-being. The implications of this concept are deep and numerous. Sociologists study how societies are stratified by age and how roles are

differentiated by age. Society imposes age norms or age constraints, which also shape the way we behave at any given age. Every level of adulthood, whether young adulthood or advanced middle age, has expected behavior patterns. Exchange theory has been developed by sociologists and social psychologists and has been used to show that elders in society suffer from an imbalance of power. Balancing operations could bring more power and, thus, equality to the aged in the United States. A phenomenological perspective studies the meaning that elders find in life—in everyday events and in their relationships with others. Finally, from critical anthropology and sociology comes critical gerontology: the perspective that basic capitalist institutions interfere with the status and power of elders.

Key Terms

activity theory
 age cohort
 age grading
 age norms
 age stratification
 applied research
 critical gerontology
 cross-sectional study
 disengagement theory
 equity theory
 ethnicity
 exchange theory
 gender roles
 generation
 generation gap
 Generation X
 gerotranscendence
 life satisfaction
 lineage
 longitudinal studies

Mannheim's
 "generation"
 norm of beneficence
 norm of reciprocity
 phenomenological
 theory
 planned behavior
 political economy
 of aging
 pure research
 qualitative research
 quantitative research
 reliable
 role
 roleless role
 salience
 social gerontology
 symbolic interaction
 theoretical frameworks
 valid

Questions for Discussion

1. If you were to study aging from a sociological perspective, which theoretical framework would you choose and why?

2. How do our value systems affect the theoretical frameworks we design?
3. Do you personally expect to remain active or to disengage at age 65? At age 95? Explain.
4. Would you prefer to work in pure or applied social gerontology? Why?

Fieldwork Suggestions

1. Develop a measure of life satisfaction, beginning with your definition of the term. Interview three older adults to determine their degree of life satisfaction. What are some of their sources of satisfaction or dissatisfaction? Ask them what they thought about your measure and how they might have changed the way you went about getting your information.
2. Following a "meaning in everyday life" framework, make a visit to a nursing home. How would you describe the feelings and reactions of the elderly people there? Are they finding meaning in life? If so, how? In what way is your own perspective—your lens—shaping what you see?

Internet Activities

1. Look up the American Anthropological Association home page and see what you might find about critical anthropology. Does this give you any information about the use of life story and narrative to study aging?
2. Look up the home page for the Gerontological Society of America. How much information can you glean about methodology from this site and its links?
3. Using one of the Key Terms, conduct an information search. See if you can categorize the sources you find by "scholarly," "popular," and other appropriate groupings. Do some levels of information seem more solid or believable than others? How do you distinguish between off-the-cuff opinion and thoughtful, informed discourse?