This chapter discusses:

- The theoretical question of what is the optimal way for older people to relate to their environments
- Major social theories of aging
- Some important factors related to aging or age-related issues that serve as a guide for further inquiry and possible intervention in the aging process
- Different lenses through which to view and explain the phenomenon of aging, such as feminism, social constructionism and postmodernism

The Importance of Social Theories of Aging

All of us develop interpretive frameworks or lenses, based on our experiences, by which we attempt to explain the aging process and answer questions we all wonder about:

- What makes for successful, active, or vital aging?
- Who defines what is active aging?
- What are government roles and responsibilities toward older people in our society?
- What enhances older people's life satisfaction and well-being?

We observe older people in our families and communities and make generalizations about them. For example, some of our stereotypes of older people may be the result of unconscious theorizing about the meaning of growing old. Or we may devise our own recommendations for policies or programs based on our informal and
implicit theories. In effect, we all develop theories based on our own experiences.

In contrast to our personal observations about age changes, the scientific approach to theory development is a systematic attempt to explain why an age change or event occurs. Theory building—the cumulative development of explanation and understanding about observations and findings—represents the core of the foundation of scientific inquiry and knowledge (Bengtson, Burgess, and Parrott, 1997). By using scientific methods, researchers seek to understand phenomena in a manner that is reliable and valid across observations, and then to account for what they have observed in the context of previous knowledge in the field. Scientists never entirely prove or disprove a theory. Instead, through empirical research, they gather evidence that may strengthen their confidence in it or move them closer to rejecting the theory by demonstrating that parts of it are untrue. Scientific theories not only lead to the accumulation of knowledge, but point to unanswered questions for further research and suggest directions for practical interventions. In fact, a good theory is practical! For example, some of the biological theories of aging discussed in Chapter 3 are useful in guiding people’s health behaviors and health care programs and policies. If the theory is inadequate, the research, intervention, or public policy may fail by not achieving its intended goals (Bengtson et al., 1997).

As noted in Chapter 1, the biomedical study of aging, with its emphasis on disease and decline, has dominated the disciplinary development of gerontology since the beginning of the twentieth century. This chapter focuses on social theories of aging—explanations of changes in social relationships that occur in late adulthood—which are less well developed than biological explanatory frameworks and thus limit understanding of the social aspects of aging (Powell, 2006; Powell and Longino, 2002). Most social gerontological theories have been developed only since the 1950s and 1960s, and some have not been adequately tested.

In fact, some social theorists assert that the theoretical interpretations of aging are in their infancy (Estes, Biggs, and Phillipson, 2003). One reason for what has been called the theoretically sterile nature of gerontology is that early research in the field of gerontology tended to be applied rather than theoretical; it attempted to solve problems facing older people. Researchers were concerned with individual life satisfaction and older people’s adjustment to the presumably “natural” conditions of old age—retirement, ill health, or poverty, which resulted in definitions of aging itself as a problem (Biggs and Powell, 2001; George, 1995; Powell, 2006). Despite their relatively recent development, social theories of aging can be classified into first, second, and third generations, or first and second transformations of theoretical development, or evolution of new modes of consciousness. Others categorize early theories as modernist, later ones as postmodernist (Bengtson et al., 1997; Lynott and Lynott, 1996; Powell, 2006). The order in which theories are presented in this chapter basically reflects the temporal dimensions of this intellectual history. Although there is some overlap of the central theoretical concepts across time, the later social theories are distinguished by a shift from:

- a focus on the individual to structural factors and interactive processes that affect aging, and
- largely quantitative methods in the positivist scientific tradition to a range of more qualitative methodologies that seek to understand the meaning of age-related changes among those experiencing them.

**Social Gerontological Theory before 1961: Role and Activity**

Much of the early social gerontological research was organized around the concept of adjustment, with the term “theory” largely absent from the literature (Lynott and Lynott, 1996).
The perspectives on roles and activities, however, later came to be called theories. Identified as functionalist gerontology because of its emphasis on the consequences of role loss, theories of adjustment focused on personal characteristics (health, personality, needs), while others emphasized society's demands on and expectations of the aging individual. Growing old was conceptualized as the individual encountering problems of adjustment due to role changes in later life. Role and activity theories not only postulated how individual behavior changes with aging, but also implied how it should change (Powell, 2006).

**Role Theory**

One of the earliest attempts to explain how individuals adjust to aging involved an application of role theory (Cottrell, 1942). In fact, this theory has endured, partially because of its applicable and self-evident nature. Individuals play a variety of social roles across the life course, such as student, mother, wife, daughter, businesswoman, grandmother, and so on. Such roles identify and describe a person as a social being and are the basis of self-concept and identity. They are typically organized sequentially, so that each role is associated with a certain age or stage of life. In most societies, especially Western ones, chronological age is used to determine eligibility for various positions, to evaluate the suitability of different roles, and to shape expectations of people in social situations. Some roles have a reasonable biological basis related to age (e.g., the role of mother), but many can be filled by individuals of a wider age range (e.g., the role of volunteer). Age alters not only the roles expected of people, but also the manner in which they are expected to play them. For example, a family's expectations of a 32-year-old mother are quite different from those of her at age 72. How well individuals adjust to aging is assumed to depend on how well they accept the role changes typical of the later years.

*Age norms* serve to open up or close off the roles that people of a given chronological age can play. Age norms are assumptions of age-related capacities and limitations—beliefs that a person of a given age can and ought to do certain things. As an illustration, a 76-year-old widow who starts dating a younger man may be told by family members that she should "act her age." Her behavior is viewed as not age appropriate. Norms may be formally expressed through social policies and laws (e.g., mandatory retirement policies that existed prior to 1987). Typically, however, they operate informally. For example, even though employers cannot legally refuse to hire an older woman because of her age, they can assume that she is too old to train for a new position. Individuals also hold norms about the appropriateness of their own behavior at any particular age, so that social clocks become internalized and age norms operate to keep people on a time track (Hagesstad and Neugarten, 1985). Most people
in American society, for example, have age-normative expectations about the appropriate age at which to graduate from school, start working, marry, have a family, reach the peak of their career, and retire. These expectations have been shifting among baby boomers and their children, however, with more persons marrying later, and in middle age entering second or third careers.

Every society conveys age norms through socialization, a lifelong process by which individuals learn to perform new roles, adjust to changing roles, relinquish old ones, learn a “social clock” of what is age appropriate, and thereby become integrated into society. Older adults become socialized to new roles, such as grandparenting, that accompany old age. In addition, they must learn to deal with role losses, such as the loss of the spouse role with widowhood or divorce or the worker role with retirement. These losses can lead to an erosion of identity and self-esteem (Rosow, 1985). Older people may also experience role discontinuity, whereby what is learned at one age may be useless or conflict with a subsequent period in one’s life. For example, learning to be highly productive in the workplace may be antithetical to adjusting to more ambiguous roles in retirement. Although institutions and social situations that help older people prepare for such role changes are limited, older adults often display considerable flexibility in creating or substituting roles in the face of major changes in life circumstances. In fact, a process of role exit has been identified, whereby individuals discard roles which have been central to their identity, such as the employee role. Interventions such as retirement planning can encourage a process of gradually ceasing to identify with the worker role, shifting to leisure roles or a different workplace (Ekerdt and DeViney, 1993).

Some older people lack desirable role options. Until recently, few positive role models existed; those in the media and the public realm have tended to be youthful in appearance and behavior, maintaining middle-age standards that can hinder socialization to old age. In addition, some groups, such as women and ethnic minorities, may lack the resources to move into new roles or to emulate younger, physically attractive models. Fortunately, with the growth and visibility of the older population, there are more models of role gains and active aging as well as alternative roles for older people to play than in the past. There is also wider recognition that the role of

### AGE-NORMATIVE EXPECTATIONS

Within a 5-year age range, how would you respond to the following questions for most people, for your parents, and for yourself? If your responses differ across these three groups, reflect upon why there are disparities. What does this tell you about how you view aging?

<table>
<thead>
<tr>
<th>Best age for a man to marry</th>
<th>For Most People</th>
<th>For Your Parents</th>
<th>For Yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best age for a woman to marry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When most people should become grandparents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When most men should be settled on a career</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When most women should be settled on a career</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When most people should be ready to retire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When a man accomplishes the most</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When a woman accomplishes the most</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
“dependent person” is not inevitable with age. Rather, the life course is characterized by varying periods of greater or lesser dependency in social relationships, with most people interdependent on others regardless of age. Even a physically impaired elder may still continue to support others financially and emotionally and may be able to devise creative adaptations to ensure competence at home. For example, older people who volunteer as “phone pals” in a telephone reassurance program for latchkey children provide valuable emotional support.

**Activity Theory**

**Activity theory** is also an attempt to answer how individuals adjust to age-related changes and problems, such as retirement, poor health, and role loss. It views successful aging largely as an extension of middle age in which older people seek to maintain roles, relationships, and status in later life. Based on Robert Havighurst’s (1963, 1968) analyses of the Kansas City Studies of Adult Life, it was believed that the well-adjusted older person takes on age-appropriate replacements for past roles, through **productive roles** in voluntary, faith-based and leisure associations. The more active the older

**KEEPING ACTIVE**

The following two cases illustrate the possible link between activity theory and life satisfaction:

- Bob lives in the northwest region of the United States. He retired at age 62 after 30 years of work in a management position for an aerospace company. He and his wife of 40 years carefully saved money so that they could be very active in their retirement. They spent their winters as “snowbirds,” traveling in their mobile home to the Sun Belt. Now at age 69, they have spent 7 years in the same community in Arizona where they have a network of good friends who are also retired and from many parts of the United States. In the summer, they usually take an extended trip to the mountains. They enjoy good health and believe that keeping active is the key to their zest for life.

- Rose was a nurse for 30 years. In her career in direct patient care and teaching, she held positions of authority. She has always liked learning new things. Now 74 and retired, she is very active in her church and directs the adult education program. She has participated in Elderhostel four times, and has had the opportunity to travel to Asia and Europe. She has taken two trips with her teenage grandchildren as well. Staying active means always learning and expanding her knowledge, so Rose consistently looks forward to new challenges. She has taken several photography classes at a community college, and loves showing her travel photos to others.

**ROLE MODELS FOR OLDER PEOPLE**

Flip through a popular magazine or newspaper, noting how older adults are portrayed in both the ads and in news articles. What roles do older people play in the print media? Are there differences between magazines aimed at younger versus older audiences (e.g., *Wired* vs. *Time*)? Are the roles mostly positive or negative images? Exceptional or realistic? To what extent is diversity portrayed in terms of race/ethnicity, gender, age, social class, sexual orientation, or disability? Or are the images mostly homogeneous? Reflect on how these images fit with or contradict your own perspectives on others’ aging as well as your own. We encourage you to develop a critical eye with regard to the role models for older adults portrayed in the media.

The person, the greater his or her life satisfaction, positive self-concept, and adjustment. Accordingly, age-based policies and programs are conceptualized as ways to develop new roles and activities, often consistent with middle-aged behavior, and to encourage social integration. To a large extent, activity theory is consistent with the value placed by our society on paid work, wealth, and productivity and reflects an anti-aging perspective (Powell, 2000; 2001b). Losing any of these characteristics is viewed as evidence of decline. Many older people themselves have adopted this perspective and
believe that being active helps them to maintain life satisfaction, as illustrated by the vignettes in the boxes on page 309.

Activity theory, however, fails to take account of how personality, socioeconomic status, and lifestyle variables may be more important than maturational ones in the associations found between activity and life satisfaction, health, and well-being (Covey, 1981). The value placed by older people on being active probably varies with their life experiences, personality, and economic and social resources. Activity theory defined aging as an individual social problem that can be addressed by trying to retain status, roles, and activities similar to those of earlier life stages. A challenge to this perspective was formulated in 1961 as disengagement theory, which shifted attention away from the individual to the social system as an explanation for successful adjustment to aging.

The First Transformation of Theory

Disengagement Theory

The development of disengagement theory represents a critical juncture—as the first public statement wherein social aging theory is treated as a form of objective scientific inquiry using surveys and questionnaire methods separate from policy and practice applications (Lynott and Lynott, 1996). In fact, disengagement theory was the first comprehensive, explicit, and multidisciplinary theory advanced in social gerontology (Achenbaum and Bengtson, 1994). Cumming and Henry, in their classic work, Growing Old (1961), argued that aging cannot be understood separate from the characteristics of the social system in which it is experienced. All societies need orderly ways to transfer power from older to younger generations and to prepare for the disruption entailed by the death of its oldest members. Therefore, the social system deals with the problem of aging or “slowing down” by institutionalizing mechanisms of disengagement or separation from society. Disengaging was assumed to benefit older adults as well by their decreased activity levels, more passive roles, less frequent social interaction, and preoccupation with their inner lives. Disengagement is thus viewed as inevitable and adaptive, allowing older people to maintain a sense of self-worth while adjusting through withdrawal to the loss of prior roles, such as occupational or parenting roles, and ultimately preparing for death (Powell, 2000; 2001a). Since disengagement is presumed to have positive consequences for both society and the individual, this theory challenges assumptions that older people have to be “busy” and engaged in order to be well-adjusted. In contrast to activity theory, it views old age as a separate period of life, not as an extension of middle age.

Disengagement theory is now widely discounted by most gerontologists. While attempting to explain both system- and individual-level change with one grand theory, it has generally not been supported by later empirical research (Achenbaum and Bengtson, 1994). Elders, especially in other cultures, may move into new roles of prestige and power. Likewise, not everyone in our culture disengages, as evidenced by the growing numbers of older people who remain employed, healthy, and politically and socially active. As demonstrated by the MacArthur Studies, described in Chapter 6, successful aging is more likely to be achieved by people who remain involved in society. Disengagement theory also fails to account for variability in individual preferences, personality, culture and environmental opportunities within the aging population (Estes and Associates, 2000; Marshall, 1994). Likewise, it cannot be assumed that older people’s withdrawal from useful roles is necessarily good for society. For example, policies to encourage retirement have resulted in the loss of older workers’ skills and knowledge in the workplace and altered the dependency ratio described in Chapter 1. Although disengagement theory has largely disappeared from the empirical literature,
DISENGAGEMENT AND ADAPTATION

The following two cases illustrate the benefits of disengagement for some elders. As you read this, think about potential benefits for society created by disengagement:

- Inga was an administrative assistant to a highly successful businessman. She never married. When she retired at age 62, she took a creative writing class, something she had dreamed of all her life but had not had the time to pursue. At 75 she is very content to sit in her rent-controlled apartment, which overlooks a park. She has lived there for 15 years. She finds much inspiration in watching life pass before her in the park. Writing poetry and short stories gives her an outlet for her thoughts. She feels that her writing has developed greater depth as she has achieved wisdom and contemplated the meaning of her life.

- John worked for 40 years on the assembly line at a factory, making cars. He believed that it was a good job that supported his family well, but he put in many overtime hours and had little time for leisure. Now 70, he sits in the chair in his living room and watches TV and reads the paper. This has been his pattern since his retirement 5 years ago. Occasionally, he and his wife of 45 years will go out to dinner. John is glad not to have to go to the “rat race” of work every day, and is content with his life.

As the first attempt to define an explicit multidisciplinary theory of aging, it nevertheless had a profound impact on the field.

GEROTRANSCENDENCE THEORY

Gerotranscendence theory to some extent parallels disengagement theory by its aim of developing a metatheory of a universal phenomenon of normal aging. This theory places greater focus on the inner self as a positive characteristic of old age, however. Gerotranscendence represents a shift in the elder’s perspective from a materialistic, rational view of the world to a more cosmic and transcendent one, normally accompanied by an increase in life satisfaction (Tornstam, 2000). This connection with the cosmic world may be expressed as wisdom, spirituality, and one’s “inner world,” and a shift away from activity, materialism, rationality, superficial social contacts, and preoccupation with the physical body. Like disengagement theory, gerotranscendence places value on the need for contemplation in old age. The aging experience causes elders to feel increased affinity to prior generations, smaller time gaps between historical periods, and a smaller divide between life and death. Gerotranscendence is viewed as the highest level of human development, but Western culture, with its emphasis on consumerism, productivity and physical attractiveness, creates barriers to such an achievement characterized by wisdom, self-acceptance, and purpose (Moody, 2005; Tornstam, 1989, 1994, 1996a). The theory of gerotranscendence is criticized for not considering the historical and cultural context in which aging occurs and for postulating a universal aging process. Critics contend that a theoretical perspective is needed that encompasses elders who are active or passive, participating or withdrawn.
cosmic or worldly, angry or cheerful (Thorsen, 1998). Nevertheless, gerotranscendence theory has practical applications for both elders and health care providers working with older adults and may be reflected in life review, reminiscence therapy, and increased attention to spirituality (Tornstam, 1996b; Wadensten, 2005; Wadensten and Carlsson, 2001).

**Continuity Theory**

While challenging both activity and disengagement theory, continuity theory maintained the focus on social-psychological theories of adaptation that were developed from the Kansas City Studies. According to continuity theory, individuals tend to maintain a consistent pattern of behavior as they age, substituting similar types of roles for lost ones and maintaining typical ways of adapting to the environment. In other words, individuals do not change dramatically as they age, and their personalities remain similar throughout their adult lives unless changed by illness. Life satisfaction is determined by the consistency between current activities or lifestyles with one’s lifetime experiences (Neugarten, Havighurst, and Tobin, 1968). This perspective states that, with age, we become more of what we already were when younger. Central personality characteristics become more pronounced, and core values more salient with age. For example, people who have always been passive or withdrawn are unlikely to become active upon retirement. In contrast, people who were involved in many organizations, sports, or religious groups are likely to continue these activities or to substitute new ones for those that are lost with retirement or relocation. An individual ages successfully and “normal” if she or he maintains a mature, integrated personality while growing old.

Continuity theory has some face validity because it seems reasonable. However, it is difficult to test empirically, since an individual’s reaction to aging is explained through the interrelationships among biological and psychological changes and the continuation of lifelong patterns. Another limitation is that, by focusing on the individual as a unit of analysis, it overlooks the role of external social factors in modifying the aging process. It thus could rationalize a laissez-faire or “live and let live” approach to addressing problems facing older people.

**Alternative Theoretical Perspectives**

Activity, disengagement, and continuity theories have often been framed as directly challenging one another, even though they differ in the extent to which they focus on individual behavior or

---

**CONTINUITY AND ADAPTATION**

The following two cases illustrate the benefits of continuity for some elders:

At age 80, Rabbi Green, who has taught rabbiral students for 40 years, still makes the trip from his suburban home into the city to work with students one day per week. He speaks with considerable excitement about his reciprocal relationships with his students, how much he learns from them and how he enjoys mentoring. When students talk about their relationship with him, it becomes clear how much they value him as a mentor. Being a teacher is who he is now and who he has always been.

Mary, 90, has always been the “cookie jar” mother to her children and their friends. She was there to offer goodries and a listening ear. Now her children and the generation of young persons who were their friends live far away. But a new generation of children has moved into the neighborhood in the small town where she lives. She has become acquainted with many of them and their parents as they stop to talk with her while she works in her beloved yard. Now many of the children stop by for a cookie and a glass of milk after school. She is fondly called the “cookie jar grandma.” The children say that, along with giving them cookies, she always listens to them.

---

**Symbol Subcult**

Consists out theories
Another perspective views the individual as not only affected by the dynamics of external factors but also by a personal aging process. It describes some individuals as “live and let live” of the problems facing society.

Social systems/social structure (Lynott and Lynott, 1996; Marshall, 1996). None fully explains successful or active aging nor adequately addresses the social structure or the cultural or historical contexts in which the aging process occurs. During this early period of theory development, the factors found to be associated with optimal aging were, for the most part, individualistic—keeping active, withdrawing, “settling” into old age. When macro-level phenomena were considered, they were not conceptualized as structurally linked between the individual and society. Nor were race, ethnicity, sexual orientation, and social class explicitly identified as social structural variables. A number of alternative theoretical viewpoints have emerged since the 1960s, each attempting to explain “the facts” of aging better than another (Estes and Associates, 2000; Powell, 2006). Many of these perspectives emphasized a macro-level of structural analysis, and include symbolic interactionism or subcultures of aging, age stratification, social change, and political economy.

**Symbolic Interactionism and Subculture of Aging**

Consistent with the person–environment perspective outlined in Chapter 1, these interactionist theories focus on the person–environment trans-action process, emphasizing the dynamic interaction between older individuals and their social world. It is assumed that older people must adjust to ongoing societal requirements. When confronted with change, whether relocation to a nursing home or learning to use a computer, elders are expected to try to master the new situation while extracting from the larger environment what they need to retain a positive self-concept.

Attempting to bridge the gap between the activity and disengagement points of view, symbolic interactionism argues that the interactions between individuals, their environment, and their encounters in it can significantly affect their experience of the aging process (Gubrium, 1973). This perspective emphasizes the importance of considering the meaning of the activity for the individuals concerned, since any activity may be valued in some environments, while devalued in others. Whether a new activity increases or decreases life satisfaction depends on an older's resources (health, socioeconomic status, and social support), along with the environmental norms for interpreting activities (Lynott and Lynott, 1996). Symbolic interactionists view both the self and society as able to create new alternatives. Therefore, low morale and withdrawal from social networks are not inevitable with aging, but are one possible outcome of an individual's interactions that can be altered. Policies and programs based on the symbolic interactionist framework optimistically assume that both environmental constraints and individual needs can be changed.

Labeling theory, derived from symbolic interaction theory, states that people derive their self-concepts from interacting with others. In other words, we tend to think of ourselves in terms of how others define us and react to others. Once others have defined us into distinct categories, they react to us on the basis of these categorizations. As a result, our self-concept and behavior may change. For example, an older person forgoes where she or he parked the car is likely to be defined by relatives as showing signs...
of dementia, while younger people who do so are viewed as busy and distracted.

Proponents of the subculture of aging theory believe that older people maintain their self-concepts and social identities through their membership in a subculture (Rose, 1965). Behavior, whether of older persons or others, cannot be evaluated in terms of some overall social standard or norm. Rather, it is appreciated or devalued against the background of its members' expectations. Older people are presumed to interact with each other more than they do with others because they have developed an affinity for each other through shared backgrounds, problems, and interests. At the same time, they may be excluded from fully interacting with other segments of the population either because of self-segregation in retirement communities or "involuntary" segregation, such as younger people leaving inner city or rural areas and thereby isolating older residents. The formation of an aging subculture is viewed as having two significant consequences for older people:

- an identification of themselves as old, and thus socially and culturally distinct from the rest of our youth-oriented society
- a growing group consciousness that may create the possibility of political influence and social action

### SUBCULTURE OF AGING

Roy, 63, has resided in a subsidized senior housing project in the Pacific Northwest for the past 4 years. A logger for many years, he never married, living alone in the woods for most of his work life and coming into town only when he needed supplies. When logging was curtailed, he "retired" early. Now he lives with many other older people in the senior apartments, where they look out for each other and occasionally share lunch in a nearby coffee shop. He is able to make use of a low-income clinic for health care, and goes daily to the downtown senior center for his lunch and to play cards.

Although the interactionist and subculture perspectives have implications for how to restructure environments, the focus is primarily on how individuals react to aging rather than on the broader sociostructural factors that shape the experience and meaning of aging in our society. As with some of the other theories described above, the subculture theory of aging also fails to recognize that older adults have important intergenerational roles and relationships, as grandparent, parent, friend, mentor, or employer. Instead, most people move into and out of a succession of different roles and statuses as they age, which is congruent with age stratification theory.

### Age Stratification Theory

Just as societies are stratified in terms of socioeconomic class, gender, and race, every society divides people into categories or strata according...
to age—"young," "middle-aged," and "old." Age stratification is defined in terms of differential age cohorts. This means that individual experiences with aging, and therefore their roles, vary with their age strata. An older person's evaluation of life cannot be understood simply as a matter of being active or disengaged. Instead, changes in the system of age stratification influence how a person's experiences affect life satisfaction (Lynott and Lynott, 1996).

The age stratification theory, first conceptualized and developed by Matilda White Riley (Riley, 1971; Riley, Johnson and Foner, 1972; Riley, Foner and Riley, 1999), challenges activity and disengagement theories. It directs attention away from individual adjustment to that of the age structure of society (Marshall, 1996). This theory adds a structured time component in which cohorts pass through an age structure viewed as an age-graded system of expectations and rewards (Riley, Johnson, and Foner, 1972). Such an approach recognizes that the members of one stratum differ from each other in both their stage of life (young, middle-aged, or old) and in the historical periods they have experienced. Both the life course and the historical dimensions explain differences in how people behave, think, and, in turn, contribute to society. Differences due to the historical dimension are referred to as cohort flow. As we saw in our discussion of research designs in gerontology (Chapter 1), people born at the same time period (cohort) share a common historical and environmental past, present, and future. They have been exposed to similar events, conditions, and changes, and therefore come to see the world in similar ways (Riley, 1971). For example, older people who were at the early stage of their occupational and childrearing careers during the Depression tend to value economic self-sufficiency and "saving for a rainy day," compared to younger cohorts who have experienced periods of economic prosperity during early adulthood. This may create difficulties across generations in understanding each other's behavior with regard to finances or lifestyle.

Because of their particular relationship to historical events, people in the old-age stratum today are very different from older persons in the past or in the future, and they experience the aging process differently. This also means that cohorts as they age collectively influence age stratification. When there is a lack of fit in terms of available roles, cohort members may challenge the existing patterns of age stratification. For example, as successive cohorts in this century have experienced increased longevity and formal educational levels, this has changed the nature of how they age, how they view aging, and the age stratification system itself. Similarly, aging baby boomers are likely to alter the age stratification system profoundly, given their sheer size, higher education and income levels, and the social structural changes that they have experienced in their lifetimes.

Consider how the first of the baby boomers to retire in the early twenty-first century may differ

INTERGENERATIONAL CONFLICT AND AGE STRATIFICATION

Edna is a 90-year-old retired teacher who grew up during the Depression and was a young bride during World War II. These two major historical events have shaped her life, because she learned to make do with whatever resources were available to her. As a result, she has always been frugal with her spending, to the point of saving a large nest egg to pass on to her grandchildren when she dies. However, she is often critical about the way her grandchildren seem to spend every penny they earn. Even worse, they use credit cards freely and don't worry about carrying debt. She has expressed her concerns to her daughter, telling her these young people have not learned to save for a rainy day. Her daughter listens patiently but does not agree with what she considers her mother's penny-pinching ways. And her grand-children try to explain to her that being in debt is a good way to build up credit for when they need a loan. She responds that she and her husband never took out a loan for anything but always paid in cash.
Many social theories view caregiving as integral to healthy aging.

from the cohort that retired in the 1950s. Although heterogeneous, this later cohort will tend to:

- view retirement and leisure more positively
- be physically active and healthier
- be more likely to challenge restrictions on their roles as workers and community participants through age discrimination lawsuits, legislative action, and political organization
- live long enough to become great-grandparents
- be more planful and proactive about the aging and dying processes

These variations, in turn, will affect the experiences and expectations of future cohorts as they age. In other words, as successive cohorts move through the age strata, they alter conditions to such a degree that later groups never encounter the world in exactly the same way, and therefore age differently.

Age stratification theory, with its focus on structural, demographic, and historical characteristics, can help us understand the ways in which society uses age to fit people into structural niches in the social world, and how this age structure changes with the passage of time. By viewing aging groups as members of status groups within a social system, as well as active participants in a changing society, stratification theory can provide useful sociological explanations of age differences related to time, period, and cohort.

The concept of structural lag emerged from the age and society perspective (Riley, Kahn, and Foner, 1994; Riley and Riley, 1994). Structural lag occurs when social structures cannot keep pace with the changes in population and individual lives (Riley and Loscocco, 1994). For example, with the increase in life expectancy, societal structures are inadequate to accommodate and utilize postretirement elders. In some cases, the workplace, religious institutions, and voluntary associations may fail to recognize the resources that older people could contribute. Proponents argue that an age-integrated society would compensate for structural lag by developing policies, such as extended time off for education or family caregiving across the life course, to bring social structures into balance with individuals’ lives (Estes and Associates, 2001).

Social Exchange Theory

Social exchange theory also challenged activity and disengagement theory. Drawing on economic cost-benefit models of social participation, Dowd (1980) attempts to answer why social interaction and activity often decrease with age. He maintains that withdrawal and social isolation are not the result of system needs or individual choice, but rather of an unequal exchange process of “investments and returns” between older persons and other members of society. The balance of interactions existing between older people and others determines personal satisfaction. Accordingly, individual adjustment depends on the immediate costs and benefits/rewards between persons.
although exchange may also be driven by emotional needs and resources, such as social support (Bengtson et al., 1997). Because of the shift in opportunity structures, roles, and skills that accompanies advancing aging, elders typically have fewer resources with which to exert power in their social relationships, and their status declines accordingly (Hendricks, 1995). Society is at an advantage in such power relationships, reflected in the economic and social dependency of older people who have outmoded skills. With fewer opportunity structures and resources to exchange in value, some older people are forced to accept the retirement role in order to balance the exchange equation (Lynott and Lynott, 1996).

Despite their limited resources, older adults seek to maintain some degree of reciprocity, and to be active, autonomous agents in the management of their lives. In this model, adaptability is a dual process of influencing one’s environment as

FOSTER GRANDPARENT PROGRAMS

Ten-year-old Ann lives with her mother and older brother in a public housing high-rise apartment. Her mother has to work two jobs in order to make ends meet. This means that Ann is often left at home alone after school. Through the Foster Grandparent Program administered by the local senior services and available in Ann’s school, Ann has someone to call after school if she is lonely or needs help with homework. And twice a week her foster grandmother comes to visit her, taking her on neighborhood outings, making clothes for her favorite doll, buying a special treat, or tutoring her. Ann benefits from her foster grandmother’s attention and love. And her foster grandmother, a widow in her mid-70s, feels a sense of satisfaction, accomplishment, and responsibility in her relationship with Ann. She looks forward to her time with Ann and speaks with pride to her friends about Ann’s achievements as if she were her real granddaughter. Most of all, the young girl and the older woman love each other—an emotional component of exchange relationships that makes it less appropriate to analyze relationships in strictly economic terms.

Our personal experiences with older adults affect our perceptions and social exchanges with elders.

well as adjusting to it. Although older individuals may have fewer economic and material resources to bring to the interaction or exchange, they often have nonmaterial resources such as respect, approval, love, wisdom, and time for civic engagement and giving back to society. Similarly, policies and services might aim to increase opportunity structures for elders’ nonmaterial resources that are to be valued by society. For example, many intergenerational programs recognize the value of social exchange between young and old. Exchange theory is relevant to contemporary debates about intergenerational transfers across generations through public policies such as Social Security and within families through caregiving relationships. Social exchange can also be viewed across the life course. For example, parents who provided affection and tangible resources to their children during their early years are more likely to receive social, emotional, and financial support from their adult children in old age. In this instance, social exchange is a long-term interaction between generations (Silverstein et al., 2002).

Political Economy of Aging

The focus of exchange theory on power and opportunity structures is related to the development of the political economy of aging, a macro-analysis of structural characteristics that
determine how people adapt in old age and how social resources are allocated. Political economy theorists rejected biomedical, activity, and disengagement models of aging. Instead, social class is viewed as the primary determinant of older people’s position in a capitalist society, with dominant groups trying to sustain their own interests by perpetuating class inequities (Estes, 2001; Estes and Associates 2001; Minkler and Estes, 1998). Socioeconomic and political constraints, not individual factors, thereby shape the experience of aging, and are patterned not only by age and class but also by gender, sexual orientation, and ethnic minority status. These structural factors, often institutionalized and reinforced by economic and public policy, limit opportunities, choices, and experiences of later life. This means that the process of aging and how individuals adapt are not the problem. Rather, the major problems faced by older people are socially constructed in a capitalist society. In fact, policy solutions, such as Social Security, Medicare, and Medicaid, are viewed as a means of social control that perpetuates the “private” troubles of older people while meeting the dominant needs of the economy (Estes and Associates, 2001). Estes and colleagues (1996, 2001) argue that the marginalization of the older population is furthered by the development of the “Aging Enterprise,” a service industry of service providers and planners funded largely by the Administration on Aging that reaffirms older adults’ marginality in order to maintain their own jobs. Accordingly, policies and programs have often focused on socializing elders to adapt to their status, rather than efforts to fundamentally alter social and economic structures and inequities that underlie the challenges facing older people. Political economy still influences gerontological theorizing, but has been reframed as “critical gerontology,” which remains concerned with structural inequities but also aims to challenge the marginality of elders (Powell, 2006; Phillipson, 1998).

A POLITICAL ECONOMY PERSPECTIVE ON OLDER WOMEN OF COLOR: LIFE COURSE INEQUITIES

Discrimination during their younger years and lack of opportunity throughout life have placed today’s cohort of older African American women at a disadvantage. Because of racial and gender discrimination in education and employment throughout the life course, many did not have access to good jobs with retirement and health benefits. As a result, today many subsist on minimum Social Security benefits as their only source of income and Medicaid as their primary form of health insurance. This means that their health care options are structurally limited to providers who will accept Medicaid, and because of encounters with institutionalized racism in their past, they may resist other age-based services. They may not even apply for Supplemental Security Income (SSI), because of past negative experiences with public welfare. Subsisting on limited income and often busy caring for grandchildren, admonishments from care providers to keep active and volunteer do not take account of demands faced daily just to get by.

In addition to critiquing the marginalization of older adults through aging network services, political economy theorists criticize the current emphasis on civic engagement for implicitly devaluing the worth of elders who cannot or choose not to participate in these programs in their communities (Biggs, 2001; Martinson and Minkler, 2006). As discussed in Chapter 12, civic engagement includes local and national participation through volunteering and activism in programs such as Foster Grandparents and the Older Women’s League. The growing call for civic engagement is viewed by critical gerontologists as a way to meet service gaps created by reduced public funding for health and social services and the federal deficit. Despite the benefits of volunteerism and productivity for successful aging, described in Chapter 6, there is an implicit assumption that older people have a responsibility to give back to their communities.
CHAPTER 8: SOCIAL THEORIES OF AGING

From a political economy perspective, social and structural factors affect the older person’s choices in volunteering or remaining productive. For example, caregivers for a spouse with dementia or custodial grandparents of young children often cannot take on the additional role of a volunteer. The growing emphasis on civic engagement and productive aging can also divert the aging person from gerotranscendence, described earlier, in which contemplation allows the older person to find coherence and meaning in life (Biggs, 2001; Holstein, 1999). Even though proponents of the volunteering and civic engagement movement for older adults recognize the dangers of this “one-size-fits-all” approach to healthy aging, they continue to promote the desirability of elders contributing to society (Harvard School of Public Health/Metlife Foundation, 2004). A paradigm of aging that only values productivity and civic-engagement can stigmatize and disempower elders who cannot contribute to their communities because of illness, disability, or limited time and resources (Holstein and Minkler, 2003; Moody, 2005).

Life Course Perspective

The life course perspective is not necessarily a theory, but a framework pointing to a set of problems requiring explanation (George, 1996; 2007). As noted in Chapter 1, it attempts to bridge sociological and psychological constructs about processes at both the macro (population) and micro (individual) levels of analysis. In contrast with the more individualistic approach of role theory, the life course perspective attempts to explain how aging and its meaning are shaped by time, period, cohort, history, culture, and location in the social structure. Individual development in cognitive function and personality interact with these larger social forces and cohort experiences. Age stratification theory, described earlier, laid a critical foundation for the life course perspective (Bengtson et al., 1997; George, 2007; Marshall, 1996). This approach takes account of the diversity of roles and role changes across the life span, since it contends that development is not restricted to any one part of the life span, but rather is a lifelong and highly dynamic process. This is consistent with Erikson’s theory of psychosocial development throughout life, described in Chapter 6. The life course perspective expands on this idea, however, by emphasizing that human development cannot be solely equated with steady incremental growth, but instead is an interactive, nonlinear process characterized by the simultaneous appearance of role gains and losses, continuity and discontinuity. Accordingly, development is multidirectional, with stability in some functions, decline in others, and improvement in others. For example, an older person may experience some decrement in short-term memory but still be very creative. In addition, patterns of development are not the same in all individuals, as reflected by the considerable heterogeneity of life trajectories and transitions among older individuals. The life course perspective can provide a critical analysis of how caregiving for older relatives is now a standardized part of the life course, “on-time” for growing numbers of middle-aged adult children, because of increased life expectancy among their parent’s generation. As noted in Chapter 1, growing research on health disparities take account of
how gender, race, and social class structure the life course and result in cumulative disadvantage in old age (Estes, 2001). For example, because of care responsibilities, women have limited opportunities to accumulate savings and private pensions across their lives, resulting in lower income and higher rates of poverty in old age as compared to men (O’Rand, 2006). The life course perspective also considers the role of “human agency,” or individual decisions that affect one’s future. For example, dropping out of high school can have lifelong consequences on economic and social well-being (George, 2007).

This text’s multidisciplinary person-in-environment approach, encompassing biological, psychological, physiological, and social changes, draws on many of the concepts of intrapersonal change, interindividual variability, and historical, social, and cultural contexts or environments that are central to a life course approach.

Life Course Social Capital

Life course capital is a more recent approach to life course research that recognizes both the exchange of resources across the life course (social exchange theory) and persistent inequalities in our society (health and economic disparities). Human capital encompasses the idea of “stock”—or the accumulation of resources, such as skills and productive knowledge—as capital that can be allocated to satisfy basic human needs and wants. Capital can be social (e.g., informal social relationships), psychological and physical-well-being, or biological (e.g., genetic or developmental). Environmental factors, including community capital, institutional capital, and collectively held moral capital, in turn, affect the extent to which individuals possess such human capital. Over the life course, the accumulation of human capital, by acquiring valued skills and knowledge and participating in the paid labor force, is a primary mechanism of social inequality within cohorts. This differential increase in income sources and health benefits affects individual well-being. The interactions among these forms of life course capital thus have implications for outcomes in wealth, morbidity, and mortality. Whatever the formative causal sequence in early life among these different forms of capital, the subsequent developmental course is one of interdependent exchange of capital. Life course research aims to uncover the patterns of relationship among forms of capital (both individual and structural) and their effects on different groups within the aging population (O’Rand, 2006; Rosen, 1998).

Recent Developments in Social Gerontological Theory: The Second Transformation

Social Phenomenology and Social Constructionism

The “second transformation” in theoretical development, occurring since the early 1980s, is described as a qualitative leap in gerontological thought (Lynott and Lynott, 1996; Powell, 2006). Phenomenological theorists take issue with the presumed “facts of aging,” questioning the nature of age and how it is described and whose interests are served by thinking of aging in particular ways. Proponents of social phenomenology and social constructionism claim that the approach, orientation, and other subjective features of researchers are significantly connected to the nature of subjective aging assessments and the research reality. For phenomenological researchers, this means that aging is not an inevitable process but rather an ideation process that is socially constructed and dependent on one’s subjective experiences.

Points to Ponder

A debate before Congress in 2003 was whether to differentially allocate Medicare drug benefits according to income. What assumptions did this debate make about the older population as a whole? About upper income elders? What is your position on differential allocation of such prescription drug benefits? What theoretical perspective guides your thinking?
CHAPTER 8: SOCIAL THEORIES OF AGING

321

objective data. This means that the data or facts of aging cannot be separated from the researcher’s perceptions about time, space, and self—or those of the individuals being studied. People actively participate in their everyday lives, creating and maintaining social meanings for themselves and those around them. No one, including researchers, directly or objectively sees a fixed reality. Rather, each of us actively constructs meanings that influence what we each call reality. For phenomenologists and social constructionists, it is not the objects or facts but rather the assumptions and interpretations of them that are critical (Lynott and Lynott, 1996; Ray, 1996). For example, this theoretical perspective would attempt to understand how policy makers interpret the growth of the older population in deciding whether to increase or decrease Medicare or Social Security benefits (Estes and Associates, 2001). If they perceive the aging population to be economically homogeneous, then policy solutions will not take account of need or class differences.

The emphasis of phenomenologists is on understanding, not explaining, individual processes of aging that are influenced by social definitions and social structures (Bengtson et al., 1997). Instead of asking how factors such as age cohorts, life stages, or system needs organize and determine one’s experience, they reverse the question and ask how individuals, whether professionals or laypersons, draw on age-related explanations and justifications in how they relate to and interact with one another. Individual behavior produces a “reality,” which in turn structures individual lives. In other words, the realities of age and age-related concepts are socially constructed through interpersonal interactions. For example, labeling older people as dependent, asexual, frail, or marginal is defined through social interactions by health care providers, family members, and society in general. Accordingly, social reality and the meaning of being old shift over time, reflecting the differing life situations and social roles that occur with maturation (Kaufman, 1994).

Not only do theorists construct versions of reality, but people do so in their everyday lives; similarly, in the everyday world, people often use or critique the constructions of theories (Marshall, 1996). Gubrium (1993a) used life narratives to discern the subjective meanings of quality of care and quality of life for nursing home residents—meanings that cannot be uncovered by predefined measurement scales. Similarly, Diamond (1992) utilized participant observation techniques as a nursing assistant to learn about the social world of nursing homes. He described the social construction of his job, how the meanings of care are constantly negotiated in the invisible work of caring for older residents’ emotional needs clashes with the daily physical tasks of a nursing assistant. Because of their focus on individual interactions, social constructionists and phenomenologists tend to use ethnographic or more qualitative methods to understand the multifaceted aging experience. This contrasts with the positivism (or quantitative approach) of earlier theories. In order to

SOCIAL CONSTRUCTION OF AGING

At age 85, Martha enjoys a brisk, daily 30-minute walk around the park near her home. She manages her household on her own, participates in exercise classes at the local senior center, and enrolls in one history class each semester at the local community college. She is proud to be independent, healthy, and involved in her community. Nevertheless, the young people she meets at the park and in her college classes are always amazed at her vigor and intellectual curiosity. They often express surprise that she can do all she does “at her age,” and ask her about her “secret to aging well.” Martha tells them they need to expand their view of aging and discard their ageist stereotypes of growing older as an illness, and to stop viewing active older people as “exceptional.” But many of these young adults rely on the negative images of aging that they have seen on TV or in popular magazines.
gather extensive verbal or observational data, ethnographic samples tend to be small. To positivists, phenomenological and social constructionist theories may seem impossible to test, and closer to assumptions about meaning than propositions that can be proved or disproved (Bengtson et al., 1997).

From the social constructionist perspective, what is considered to be old age varies with the economic, cultural, historical, and societal context. As noted in Chapter 1, chronological age is a poor predictor of social, physical, and mental abilities. Yet most of us, even gerontological scholars, may make positive or negative assumptions about someone simply on the basis of chronological age (Schaie, 1993). Many depictions of old age in the United States present it as a negative experience, something to be avoided, a disease to be dealt with by medical interventions—or what Estes refers to as the biomedicalization of old age (Estes and Associates, 2001). In fact, a recent survey by AARP found that both young and old respondents defined “old” as negative (e.g., decline and loss of roles or abilities). Older adults may shun the label “old,” reserving it for those with obvious physical or mental decline (e.g., “I don’t want anything to do with those old people”). Even the current preoccupation with healthy, successful aging, and turning to exercise or beauty products still portrays aging as something to be forestalled for as long as possible. In addition, the visual images associated with many of these antiaging activities are unattainable by the majority of Americans.

The negative ways in which age is socially constructed has numerous consequences for social policy, employer practices, public perception, and self-concept. As noted by the political economy theorists, problems related to aging and long-term care are to some degree socially constructed (Olson, 2003). Consider how public resources are disproportionately allocated toward skilled nursing care rather than toward supplementing the personal assistance provided by families and low-wage workers. Accordingly, the majority of public funds go toward medical or long-term care, not psychosocial services that might enhance elders’ quality of life and active aging. Similarly, the general public tends to think of old age as homogenizing, overlooking the tremendous diversity (by genetic makeup, history, personal experiences) that exists across at least one third of our lifetimes. From a social constructionist perspective, we need to deconstruct the concept old, and recognize how one’s position or location (gender, race/ethnicity, social class, sexual orientation, level of ability) shapes the experiences of old age. This also suggests that gerontologists focus not only on the problems facing the old, but also on their strengths, resilience, how they overcome barriers, and ways in which cumulative disadvantage can nevertheless serve as an advantage in certain contexts (Calasanti and Slevin, 2001; Estes, 2003; Olson, 2003).

Critical Theory and Feminist Perspectives

Social constructionist theories have influenced other contemporary social gerontology theories, especially critical and feminist theories. Critical theorists critique the transformation of the relationships between subjects and objects from being genuine to being alienated, not the research procedures or the objective state of objects per se. Critical theorists are concerned with how positivist conceptualizations of aging represent a language serving to reify experiences as something separate from adults experiencing aging (Lynott and Lynott, 1996). They contend that a more critical and humane approach would allow older people themselves to define the research questions. Arguing for humanistic discourse in gerontology, Moody (1988, 2002) identifies four goals of critical gerontology:

1. to theorize subjective and interpretive dimensions of aging
2. to focus not on technical advancement but on “praxis,” defined as active involvement in practical change, such as public policy
3. to link academics and practitioners through praxis
4. to produce “emancipatory knowledge,” which is a positive vision of how things might be different or what a rationally defensible vision of a “good old age” might be (Moody 2002, p. xvii)

To achieve such knowledge requires moving beyond the conventional confines of gerontology to explore contributions toward theory development from more reflective modes of thought that are derived from the humanities (Cole et al., 1993). What is yet unknown is what “a good old age” means, as well as how it can be attained and what type of “emancipatory knowledge” is possible. Dannefer (1994) suggests that critical gerontology should not merely critique existing theory, but create positive models of aging that emphasize strengths and diversity. For example, Atchley (1993) maintains that critical gerontology must question traditional positivist assumptions and measures to try to understand the multiple dimensions of retirement, including retirement as a freeing stage in the life course. Critical thinking has the potential to expand the field of social gerontology. It can do so by providing insight into, and critical self-reflection on, the continuing effort to understand the aging experience (Lynott and Lynott, 1996).

Because most gerontologists have been trained in the positivist tradition, critical theory, with its abstractionist approach, is often not cited nor yet well understood. Nevertheless, it has become a topic of considerable theoretical discourse in contemporary social gerontology (Minkler, 1996; Moody, 2002; Phillipson, 1996; Powell, 2006). By questioning traditions in mainstream social gerontology, critical theory calls attention to other perspectives relevant to understanding aging, especially the humanistic dimension, and has influenced feminist theories of aging. In addition, the self-reflexive nature of critical theory constantly challenges gerontologists to understand the impact of social research and policy on older individuals. With growing attention to ethnographic and other qualitative methodologies, the interpretive approach of critical theory will increasingly be brought to bear on empirical observations of aging. This will encourage researchers to integrate critical theory with the strengths of positivist approaches.

One way that current theories and models of aging are viewed as insufficient by critical theorists is by their failure to include gender relations and women’s experiences in the context of aging (Calasanti and Slevin, 2001; Cрукshank, 2003; Estes, 2001; Olson, 2003). For example, women were traditionally ignored in retirement research, often because paid employment was assumed to be unimportant to them (Calasanti and Slevin, 2001). Or women were not included in early health studies because men were defined as the norm.
In addition to critical theorists, feminist theories draw on a number of perspectives discussed thus far:

- political economy by focusing on the economic and power relations between older men and women
- symbolic interactionism, phenomenology, and social constructionism in the belief that gender must be examined in the context of social structural arrangements

Feminist theories attempt to integrate micro- and macro-approaches to aging through the links between individuals and social structures, or between personal problems and public responses. In particular, they focus on gender-based power relations across the life course and the utilization of both quantitative and qualitative methodologies (Browne, 1998; Estes and Associates, 2001; Moody, 2000; Ray, 1996).

From a feminist perspective, gender should be a primary consideration in attempts to understand aging, since women form the majority of the older population. Because gender is an organizing principle for social interactions across the life course, men and women experience the aging process differently. The intersections of gender with race, social class, sexual orientation, and disability are also examined by feminist theorists (Ginn and Arber, 1995; Moen, 2001; Calasanti and Slevin, 2001). Although feminism encompasses a wide range of intellectual paradigms and political/ideological positions, most feminist theories in aging have drawn on socialist feminism. This model argues that women occupy an inferior status in old age as a result of living in a capitalist and patriarchal society (Arber and Ginn, 1991, 1995; Browne, 1998).

Socialist feminism points to inequities in the gender-based division of labor and argues for major changes in how society defines, distributes, and rewards “work.” Socialist feminists theorists attempt to understand women's aging experiences in light of macro-level social, economic, and political forces rather than as isolated results of individual choices. Caregiving, women's retirement, health, and poverty across the life course are examined in light of women's differential access to power in the paid labor force, childrearing, and unpaid housework throughout their lives. As noted under the life course approach, such unequal access leaves women without economic resources to manage challenges in later life (Browne, 1998; Calasanti, 1999; Garner, 1999; Hooyman and Gonyea 1995; Hooyman et al., 2003). Social policy is criticized for defining the problems facing women as private responsibilities, rather than taking account of how existing structural arrangements were and remain taken seriously (Marsh, 1995; see also the women's lives, 1990). Social science has been characterized as problem and gender stress leveling techniques. Societal Feminism and uncritical reparation for the many changes and deterioration of well-being and the intact, instilled, and the Meier, Ne
cally by less reliance on their course they continue to geront theory that the need they a minor orient issues draw they (perspective of) individual all w

Intergenerational activities promote social exchange.
arrangements create women’s limited choices in old age. For example, the lack of public and private pensions for a lifelong career as homemaker and caregiver leaves older women economically vulnerable. Feminists also point to our society’s failure to take domestic labor seriously in life course analyses of work (Marshall, 1996). From a feminist view, work in the home is integral to economic productivity, but is devalued. Similarly, feminists contend that the consequences of caregiving should not be evaluated on the basis of individual characteristics such as burden. Instead, the underlying problem for women of all ages is inadequate and gender-based public policies, not their own stress level; the long-range solution is reorganizing work, including the work of caregiving, as a societal rather than an individual responsibility. Feminists argue that unpaid caring by families and underpaid work by direct care workers are interconnected and must be fundamentally changed to be more equitable and humane both for the givers and the recipients of care (Gonyea and Hooyman, 2005; Hooyman et al., 2002; Meyer, 1997).

New to the field, and sometimes ideologically based, feminist gerontological theories are less frequently cited than established models of explanation, such as social constructionism, life course, and exchange theories. Nevertheless, they can make significant contributions to gerontology and to the development of feminist theory generally. Not only are they focusing on the needs of the majority of older adults, but they also take account of diversity by ethnic minority status, social class, education, sexual orientation, and functional ability. Addressing issues that are relevant to women’s lives, they draw explicit linkages to practice. In addition, they provide models for integrating micro- (personal) and macro- (political) levels of analysis. They thus encompass both structural and individual levels of theory and change in order to improve the social and economic positions of all women as they age. Lastly, they challenge “mainstream” feminist theories, which typically have focused on issues pertaining to younger women, to take account of age, since gender shapes everyday experiences throughout the life course. The merger of feminist and aging scholarship has the potential for formulating politically sustainable solutions that permit women and men, young and old, to balance the burdens and satisfactions of caregiving and paid (Bengtson et al., 1997; Meyer, 1997; Moen, 2001; Powell, 2006).

Postmodern Constructions of Aging

Postmodern theory (or deconstructionism), which in itself is atheoretical, represents a decisive break with modernity or a positivist scientific approach to an “objective” truth. Since knowledge is socially constructed and social life highly improvisational, all forms of meaning and “knowledge” are not to be taken for granted. Constructs such as “social class” and “gender” relegate individual elders to socially constructed categories and overlook human agency to organize to change political and economic systems and life conditions. Even the political economy perspective is critiqued by postmodernists for treating aging as an object to be predicted or problematized (Powell and Longino, 2002). When postmodern and feminist theories are integrated, for example, the primary deconstructionist task is to critique language, discourse, and research practices that construe knowledge about older women. To illustrate, caregiving is viewed not as the result of women’s natural tendencies toward nurturing, but as the outcome of socialization processes and policies that reify gendered patterns of care and depend on the unpaid labor of women as efficient and cost-effective (Calasanti and Slevin, 2001; Hooyman and Gonyea, 1995; Hooyman et al., 2002). A postmodern feminist approach in gerontology draws on a variety of methodologies to understand women’s experiences. The
extent to which researchers' assumptions, values, and beliefs influence the research process is made explicit. Accordingly, postmodernist research, oriented to changing conditions that face women, is conducted to benefit women, and includes women as active participants.

More recent postmodern constructions of aging emphasize the cultural interaction between the complexity of the aging body and the social context in shaping people's "lived experience" across the life course. The notion of the aging body not as a medical or biological phenomenon but as a social and cultural practice of everyday life is an important narrative in the social construction of the aging identity of individuals. And, while external physical appearance changes with age, a person's essential identity does not. Consider how often we hear older adults state that they don't feel old until they see themselves in a mirror. The body is not passive material that is only acted upon but is always in the process of becoming. People derive their sense of identity in later life from their past achievements and what they hope to achieve in the future, not stereotypical attributes of old age (Longino and Powell, 2004; Powell, 2006). At the same time, the aging body is exploited by popular culture, especially glamorized representations of old age in advertisements oriented to foster consumption and a continual flight from the "symptoms" of aging to "aging well" (Gilleard and Higgs, 2000; Powell and Longino, 2001).

Postmodernism also addresses biotechnology and the reconstruction of aging bodies to reinvent aging through biomedical and information technologies. In fact, biotechnology can sell a dream of "not growing old" to people who have the resources to afford such technology (Longino and Powell, 2004). While biomedical and computer advances can provide new options for persons with chronic illness or disability, they also mean that "bodies can be reshaped, remade, fused with machines, empowered through technological devices and extensions" (Featherstone and Wernick, 1995). Closely related to the active adoption of consumer practices such as biotechnology is a growing emphasis on personal responsibility for one's health whereby those who do not engage in adequate "self-care" may not be deserving of societal resources to address their illness (Powell and Biggs, 2004). This attitude of "blaming the victim" is increasingly reflected in public policies oriented toward privatization and individual responsibility, which are discussed fully in Chapters 16 and 17.

The "Foucault Effect" on Gerontological Theory

The concepts of Michel Foucault, a French social theorist, have profoundly impacted social science disciplines and are relevant to analysis of professional power and aging. Even though Foucault did not specifically address gerontological theory, several gerontologists have used his work to deconstruct commonly held assumptions about aging (Biggs and Powell, 2001; Estes, Biggs and Phillipson, 2003; Katz, 1996; Powell, 2001). Concepts central to Foucault's work are the "expert gaze" on the aging body by the health and medical professions, discourse, and professional power. A discourse is a set of ideas, practices, and beliefs that coalesce to produce an overarching picture of society. The medical gaze refers to discourses or ways of seeing that shape the understanding of aging into a scientific problem and thereby advance the power of health professionals, foster the "scientific" management of aging, and dominate the individual will or human agency (Powell, 2006). Foucault's critique centered on both the medical and social work professions for their "gaze" that distances themselves from elders and treats them as dependent "objects." Professional regulation and techniques of surveillance are means by which professionals exercise their power, most visibly expressed through public "welfare," psychoanalytic thought, and "case
POSTMODERNISM AND FOUCAULT’S “EXPERT GAZE”

Nursing homes have traditionally been based on a hierarchical medical model in which professional staff, who often have little direct interaction with the residents (e.g., the “distant expert gaze”), believe that they know what is “best” for them. The medicalization of nursing homes has meant that most institutions are viewed as places to die, not to live. Rules and regulations, including the use of restraints, tend to be oriented to efficiencies and staff needs, not those of residents. When to get up and go to bed, when to eat meals, and when to have a bath are all typically determined by administrative staff and licensing requirements. In addition, staff members are assigned particular tasks, such as the medication nurse or the bath aide, without taking account of the needs of the elder resident as a whole. In contrast to this “expert gaze” on nursing homes, recent efforts to transform their organizational culture encompass resident-directed care where the residents choose when to get up, eat breakfast, and the timing of all other daily activities. Past assumptions and even licensing requirements are questioned, and creative approaches to regulations implemented. Services are decentralized and task-focused roles eliminated so that staff can work with the same residents over time and build a relationship. Other adults are resisting the “expert gaze” by starting intentional communities and co-housing where they make all decisions about communities for living, not for dying. While the traditional nursing home has tended to be a microcosm of how our society has viewed elders from a distance, these new options typically put older adults in central decision-making roles.

management” (e.g., the older person as a case to be maintained). One example of these surveillance principles is vividly reflected in the relationship between the controller and those being controlled in nursing homes (Wahidin and Powell, 2001, 2003). Although professional opinion is more widely heard than elders’ voices, older people must be encouraged to actively “resist” the practices of professional power and scientific knowledge to control them.

Summary and Implications for the Future

This review of theoretical perspectives has highlighted the multiplicity of lenses through which to view and explain the aging process. Although we have emphasized the importance of utilizing explicit theoretical perspectives to build, revise, and interpret how and why phenomena occur, it is apparent that no single theory can explain all aging phenomena. Instead, these theories or conceptual frameworks vary widely in their emphasis on individual adjustment to age-related changes, their attention to social structure, power, and economic conditions, the methodologies utilized, and their reflective nature on the meaning of the aging experience. As noted early in the chapter, they represent different times or historical periods in the development of social theories. Some, such as disengagement theory, have been largely rejected by empirical data, while others, such as critical theory and feminist theory, are only now evolving and capturing the attention of a new generation of gerontological researchers. Other earlier perspectives, such as social exchange and symbolic interactionism, still influence research questions and social policy. As a whole, these theoretical perspectives point to new ways of seeing aging phenomena and new modes of analysis, laying the framework for future research directions. As the social, economic, and political conditions affecting older people change, new theoretical perspectives must develop or former ones must be revised through the gathering of information from diverse cultures, contexts, and circumstances. The theme of the Gerontological Imagination for the 2006 Gerontological Society Annual meeting reflects the growing interest in alternative perspectives across a wide range of
disciplines. Given the increasing heterogeneity of the aging process, interdisciplinary research and theory building are essential. Such research must take account of both individual and macro-level changes. It must encompass the role of gender, race, class, sexual orientation, and functional ability, and allow for the dynamic nature and meaning of the aging experience. We turn next to the social context and relationships addressed by many of the social theories of aging: the vital role of social supports in old age; how physical living arrangements can affect social interactions; the concept of productive aging, which encompasses both paid and nonpaid roles and activities; and coping with loss in dying, bereavement, and widowhood.

GLOSSARY

activity theory a theory of aging based on the hypothesis that (1) active older people are more satisfied and better adjusted than those who are not active, and (2) an older person’s self-concept is validated through participation in roles characteristic of middle age, and older people should therefore replace lost roles with new ones to maintain their place in society

age stratification theory a theoretical perspective based on the belief that the societal age structure affects roles, self-concept, and life satisfaction

continuity theory a theory based on the hypothesis that central personality characteristics become more pronounced with age or are retained through life with little change; people age successfully if they maintain their preferred roles and adaptation techniques

critical theory the perspective that genuine knowledge is based on the involvement of the “objects” of study in its definition and results in a positive vision of how things might be better rather than an understanding of how things are

disengagement theory a theory of aging based on the hypothesis that older people, because of inevitable decline with age, become increasingly active with the outer world and increasingly preoccupied with their inner lives; disengagement is useful for society because it fosters an orderly transfer of power from older to younger people

feminist theory the view that the experiences of women are often ignored in understanding the human condition together with efforts to attend critically to those experiences

gerotranscendence theory a theory which places greater emphasis on the inner self; as people age, they move away from a focus on materialism and productivity to contemplation, spirituality, and a value placed on close relationships

interactionist theory a perspective that emphasizes the reciprocal actions of persons and their social world in shaping perceptions, attitudes, and behavior, etc., including person-environment, symbolic interaction, and labeling perspectives

labeling theory a theoretical perspective derived from symbolic interactionism, premised on the belief that people derive their self-concepts from interacting with others in their social milieu, in how others define us and react to us

life course capital an expansion of the life course perspective that addresses the impact of differential acquisition of resources among different members of a cohort

life course perspective a view of human development that focuses on changes with age and life experiences in the larger social context

opportunity structures social arrangements, formal and informal, that limit or advance options available to people based on such features as social class, age, ethnicity, and gender

political economy of aging a theory based on the hypothesis that social class determines a person’s access to resources and that dominant groups within society try to sustain their own interests by perpetuating class inequities

positivism the perspective that knowledge is based solely on observable facts and their relation to one another (cause and effect or correlation); the search for ultimate origins is rejected

postmodern theory (or deconstructionism) the critique of language, discourse, and research practices that construe knowledge

productive roles a concept central to activity theory; activities in volunteer associations, employment, politics, and faith-based organizations

role theory a theory based on the belief that roles define us and our self-concept, and shape our behavior
social constructionism what is considered to be old varies with the economic, cultural, historical, and societal context
social exchange theory a theory based on the hypothesis that personal status is defined by the balance between people's contributions to society and the costs of supporting them
social phenomenology and constructionism a point of view in studying social life that places an emphasis on the assumptions and meanings of experience rather than the "objective" facts, with a focus on understanding rather than explaining
socialist feminism feminist theory that attributes women's lower status in old age to capitalist and patriarchal social structures
structural lag the inability of social structures (patterns of behavior, attitude, ideas, and policies) to adapt to changes in population and individual lives
subculture of aging theory a theoretical perspective based on the belief that people maintain their self-concepts and social identities through their membership in a defined group (subculture)
symbolic interactionism a theoretical perspective based on the belief that the interactions of such factors as the environment, individuals, and people's encounters in it can significantly affect their behavior and thoughts, including the aging process

REFERENCES


Olson, L.K. The not so golden years: Caregiving, the frail elderly and the long-term care establishment. Lanham, MD: Rowman and Littlefield, 2003.


