SAGE key concepts

Key Concepts in Social Gerontology

JUDITH PHILLIPS, KRISTINE AJROUCH AND SARAH HILLCOAT-NALLÉTAMBY

Key Concepts in Social Gerontology

Recent volumes include:

Key Concepts in Community Studies
Tony Blackshaw

Key Concepts in Anti-Discriminatory Social Work
Toyin Okitikpi

Key Concepts in Mental Health, Second Edition
David Pilgrim

Key Concepts in Public Health
Frances Wilson

Key Concepts in Ethnography
Karen O'Reilly

The SAGE Key Concepts series provides students with accessible and authoritative knowledge of the essential topics in a variety of disciplines. Cross-referenced throughout, the format encourages critical evaluation through understanding. Written by experienced and respected academics, the books are indispensable study aids and guides to comprehension.

JUDITH PHILLIPS, KRISTINE AJROUCH
and SARAH HILLCOAT-NALLÉTAMBY

Key Concepts in Social Gerontology

SAGE

Los Angeles | London | New Delhi
Singapore | Washington DC

First published 2010

SAGE Publications Ltd
1 Oliver's Yard
55 City Road
London EC1Y 1SP

SAGE Publications Inc.
2455 Teller Road
Thousand Oaks, California 91320

SAGE Publications India Pvt Ltd
B 1/I 1 Mohan Cooperative Industrial Area
Mathura Road
New Delhi 110 044

SAGE Publications Asia-Pacific Pte Ltd
33 Pekin Street #02-01
Far East Square
Singapore 048763

Library of Congress Control Number: 2009929965

British Library Cataloguing in Publication data

A catalogue record for this book is available from the British Library

ISBN 978-1-4129-2271-5
ISBN 978-1-4129-2272-2 (pbk)

Typeset by C&M Digitals (P) Ltd, Chennai, India
Printed in India at Replika Press Pvt. Ltd
Printed on paper from sustainable resources

contents

acknowledgements

The authors would like to express their sincere thanks to the people who have contributed towards the development and production of this book:

- Jodie Croxall (Social Policy PhD student, Centre for Innovative Ageing (CIA), Swansea University) for her invaluable contributions to sourcing and collating materials and to initial drafts of the 'death and dying', 'bereavement', 'family relations' and 'independence' concepts. Christine Dobbs (PhD, Social Psychologist, CIA) for her help in preparing early drafts of the 'disability', 'palliative care', 'dementia', 'frailty' and 'biographical approaches'. Her contributions towards the end of the project renewed our energy and fuelled our hopes that we might just finish on time!
- Rachel Hazelwood, who stepped in at the end to relieve us from the daunting task of collating our contributions and liaising with our publishers. Had Rachel not been on board – who knows – perhaps we would have pressed the 'delete' rather than the 'send' button, and our publishers might still be waiting!
- Our referees Toni Antonucci, Svein Olav Daatland, Dale Dannefer, and Clemens Tesch-Roemer for agreeing to advise and review our work as it progressed. Their thoughtful comments and insightful reactions helped us refine ideas and develop a more inclusive approach.
- Vanessa Burholt (Director, Centre for Innovative Ageing, Swansea University), whose encouragement to Sarah made the writing enterprise a goal to be achieved.
- Kristine Ajrouch acknowledges in particular the Eastern Michigan University (EMU) for granting a Spring/Summer Research Award in 2007 to write this book. The collegial atmosphere at EMU provided an accommodating writing environment in the midst of multiple, competing teaching and service responsibilities. And finally, much love and appreciation to Abraham, Ali, and Rachelle Ajrouch, who each supported me daily in their own way over the years as this book occupied various periods of our life together.
- Sarah Hillcoat-Nallétamby would like to thank New Zealand for having let her go … to discover Welsh cakes, the seaside and the beginning of yet another new horizon. Thank you Judith and Kristine for inviting me to join with you to co-author this book.

Introduction: Social Gerontology – 'New Science, New Concepts'

Social gerontology is a relatively new and dynamic scientific field reflecting increasing interest in ageing across the world.

Throughout the centuries, old age and ageing have been ever-present, but have received minimal attention from social thinkers. Education and research in ageing have not been a high priority in terms of research funding or policy, until relatively recently. As James Birren states, 'gerontology is an ancient subject but a recent science'. Gerontology as a subject area is becoming increasingly global, with predominantly undergraduate programmes in the USA and Australia and postgraduate courses in the UK.

Demographic ageing has raised issues for policy and practice as well as creating new and increasing markets for business and commerce. Consequently, the need for an evidence base for policy decisions or best practice, or for reviewing the market, has led to an increased interest in research in ageing. New research questions are being asked, new theories in ageing are developing and new researchers are crossing disciplinary boundaries with novel methods to study ageing.

A social perspective and analysis of ageing, which this book addresses, stands alongside biological and clinical perspectives in helping us understand the processes of ageing. The multidisciplinarity of gerontology is emerging as a 'new science' (Walker, 2008). With this comes particular challenges of discipline recognition embedded within gerontology, and difficulties of drawing the boundaries of 'the social'.

Traditionally, social gerontology has concentrated on the study of the social, economic and demographic characteristics of older people and an ageing population; however, in recent years the definition has expanded to include health, technology and overall lifestyle. The gerontological concepts in this book are therefore taken from a range of disciplines.

Over the last 25 years the social perspective has grown in importance and is reflected by the burgeoning literature and courses in social gerontology. Such courses attract students of social work, occupational therapy, nursing and, geriatric medicine, and students come from backgrounds in sociology, psychology, biology, design, planning and geography.

This book addresses the need for concise, lucid knowledge on what constitutes the 'building blocks' of social gerontology. It provides a review of the core concepts, both classic and emerging, in this subject area.

Students embarking on their journey into social gerontology will find this book particularly relevant, providing a readily accessible guide to key concepts in the discipline. It will cover both theoretical and practical work in the area, presenting concepts that reflect well-established and contested issues, as well as new concepts emerging through cutting-edge research.

Additionally, new research programmes focusing on ageing (e.g. ESRC 'Growing Older' and the 'New Dynamics of Ageing' programmes in the UK, and training programmes funded by the National Institute of Ageing in the USA) have produced a new generation of researchers. There is a need, therefore, for accessible information on the key issues and concepts in gerontology that draws from sound evidence-based research.

It is not only in relation to growing agendas of research but also the impact gerontology has on policy and practice that is also increasing. Ageing is a global issue, as demographic change critically demonstrates. Policy needs an evidence base because governments across the globe are looking for solutions to the challenges of an ageing population and for sound evidence on the effectiveness of policies and practices.

A further consequence of new research in the area is that new concepts have been developed and applied. The field is a dynamic one, drawing on ever-increasing subject areas (e.g. criminology, technology). Over the last 20 years the literature on social gerontology has burgeoned. From a relatively small number of publications, today there are books and journals on every aspect of social ageing. Alongside there has been a growth in courses and programmes on gerontology run by social scientists from a variety of different fields, thus providing a rich tapestry of teaching on gerontology.

In summary, this book will be of particular interest to:

- Students in a variety of undergraduate and postgraduate social science programmes, particularly in gerontology, who need an easily accessible and an appropriately priced book.

- Social and health care students and practitioners: the book will be of interest and relevance as both a core text and reference book for qualified social workers and nurses who are in practice.
- Academics across a wide range of disciplines interested in ageing: the book will provide a valuable source of reference to academic staff and researchers.
- Specialists such as planners (environmental aspects of ageing) and geneticists (biology of ageing): the book will introduce a new audience to aspects of ageing.

The book is organised alphabetically and covers 50 of the key concepts in social gerontology, drawing on a discussion of each concept – its history, application, its usefulness to theory and research as well as its significance in practice. It goes beyond a simple definition of the concept to look at how it has shaped the discipline of social gerontology today and provides a critical evaluation of its application. At the end of each chapter a short list of references is provided. Cross-referencing between concepts is a feature of the book, enabling students to get a broader perspective of the concept. The book is intended to inform debate on particular issues and to set the scene for further exploration of the key issues in ageing. The 50 concepts have been carefully selected on the basis of the currency with which they are used in teaching and research in gerontology. Our selection too is based on the disciplines from which we come – geography and social work (JP); social policy, family sociology and demography (SH-N); and sociology (KA) – and our perspective is primarily western. We are conscious that our chosen concepts have different meanings and understandings in other cultures and the reader should be sensitive to this when assessing different applications of the concept. For example, we have used the terms 'elders' and 'older people' to reflect the cultural contexts in the USA and the UK. Some of the concepts in the book may not focus exclusively on social gerontology, either because they are underrepresented or are newly introduced into gerontology, with a good example being global ageing.

REFERENCES

Walker, A., Address given at the ERA AGE conference in Brussels, February 2008.

Advocacy

A process to help older people ensure that their rights and choices are exercised and to enhance self-determination.

It can be the most vulnerable members of society, such as older people with frailty or physical disability, who find themselves in circumstances where they need an advocate to enable them to make informed choices, to understand the options available to them and to remain in control of their own lives. Advocacy does not involve only services and systems, but also means to help reduce a sense of helplessness, vulnerability, isolation and victimisation (Jones, 2004).

Dunning (1998: 200) defines advocacy as 'People making a case for themselves and advancing their own interests, or representing others and supporting them to secure and exercise their rights on an individual or collective basis. The concept is especially important where people are disadvantaged or discriminated against and are at risk of mistreatment or marginalisation.' At a broader, societal level, advocacy therefore touches upon fundamental principals – social inclusion, equality and social justice (Action for Advocacy 2002).

Advocacy involves two main sets of roles – instrumental and expressive (Dunning, 2005; Wright, 2006). Instrumental roles are more formal and are about 'doing' (e.g. being a spokesperson or representative) whereas expressive roles are more informal and are about 'being' (e.g. a confident, witness or enabler). There is, however, disagreement about the exact form advocacy should take and how it should be practised. Advocacy has many functions and can take various forms. It has been linked with concepts of empowerment, user participation, citizenship, independence and dignity as well as choice. As some advocate, it should be linked to a human rights approach and a broader vision of personhood rather than just a health and social care agenda or consumerism (Dunning, 2005). Crisis or issue-based advocacy, citizen advocacy and self-advocacy are three common models, along with peer (sharing a common experience) or paid advocacy. Professional advocacy is carried out by professionally qualified and paid workers;

lay advocacy can be carried out by family or friends; citizen advocacy is being independent of services, and self-advocacy is 'speaking up for yourself' (Dunning, 1998).

A number of studies into older people's use of advocacy services found that older people had difficulties in understanding what is meant by the term advocacy (Dunning, 2005; Scourfield, 2007; Wright, 2006). The term was regarded as being problematic, confusing or even off-putting for some older people. It was sometimes associated with the legal system, mediation or more general kinds of help and support. Awareness of the presence, purpose and benefits of advocacy is generally acknowledged as being poor, not only by older people but also by other groups that work with older people.

Jones (2004: 7) notes that in the UK in the 1980s and 1990s advocacy services grew as independent voluntary organisations in order to meet the advocacy needs of vulnerable people. Some of these services are generic, working across all vulnerable groups in their community; others support specific groups, for example people with learning difficulties. An underpinning concept is that such services are organisationally independent from the statutory services, and that they focus on the wishes and needs of the client. However, interest in the rights and representation of older people has been a more recent departure. The motivation for advocacy has developed as the need to combat abuse and age discrimination has increased, yet this was slow in developing in relation to older people.

Phillipson (1993: 183) provides some early definitions of advocacy and identifies three general themes of advocacy. It is a way of: meeting human needs, increasing power and participation and responding to intergenerational conflicts.

Dunning (1998: 201–02) further suggests that interest in advocacy with older people stems from other interrelated developments and concerns: the ageing of the population, with the consequential lack of family to act as 'natural advocates'; the legislation, which has placed an emphasis on advocacy and representation; the role of advocacy in the protection of vulnerable adults and the need for advocacy at times of transition when their views may not be heard.

This interest is well illustrated in the UK where successive governments have placed an emphasis on citizens' advocacy and embraced it in major strategies such as 'Valuing People' (Department of Health, 2001), the Health and Social Care Act 2001, the *National Service Framework for Older People* (2001) and the *Care Homes for Older People:*

National Minimum Standards (2003). *Care Homes for Older People: National Minimum Standards* incorporates the provision of information about external agents (such as advocates) in one of those standards. It also indicates an expectation that, in the event of a complaint where an older person lacks capacity, that person should have access to available advocacy services. In 2002 the *Advocacy Charter* was developed as a set of core principles for advocacy and following on from this *A Code of Practice for Advocates* was produced in 2006, both by the organisation Action for Advocacy. However, funding has not readily flowed from such commitments.

Scourfield (2007: 18–19) links the development of advocacy in the UK with New Labour's modernisation agenda and the desire for public policies directed towards older people to promote empowerment, independence, well-being, choice, inclusion, participation, citizenship and dignity. Similarly, there has been a bottom-up emphasis in advocacy originating from diverse disability and mental health service user groups, which have emphasised the importance of advocacy in obtaining rights, inclusion and social justice.

Again, the UK group Action for Advocacy (2008) notes the recent recognition by government of the role of advocacy in safeguarding people's rights and promoting increased choice and control over their lives. However, despite this notable rise and prominence of advocacy in recent government legislation and policy, only a handful of people in specific situations actually have the right to access and advocate, and services are still patchy.

According to Atkinson (1999), although advocacy exists in principle for all user groups, it is far from universal in practice and is not there for everyone who needs it. Access to advocacy is often decided by a combination of factors: historical, geographical and financial. Access starts with the existence of a project in an area, but people need to know about it, who and what it is for, how to reach it and what to expect from the service (Margiotta et al., 2003: 32).

In the UK, advocacy services are also unevenly distributed across the country, with different schemes offering different types of services. Furthermore, there is a growing acceptance that services need to be properly mapped and joined up, not only with each other, but also with similar endeavours such as mediators, councillors and law centres.

A recent survey of advocacy services in Wales (UK) by Age Concern Cymru (2007) suggests that the provision of advocacy services is currently struggling to meet the needs of older people. The report asserts that

without advocacy, vulnerable older people are more likely to be at risk of abuse, to be unaware of their rights and how to act on them, and are less likely to have their voices heard and their wishes respected.

One of the most prohibitive factors to commissioning advocacy with older people is the lack of a requirement for it in primary legislation. In the UK the Older People's Advocacy Alliance (OPAAL) suggests that this lack of legislation not only makes it more difficult to raise and identify funds for advocacy, but it also weakens the requirement for local authorities to make sure that advocacy is available.

Dunning (1998) suggests that advocacy is a process of empowerment and might accordingly be located within debates around the concepts of power and participation. The concept of advocacy has a direct application in practice with a variety of local and national schemes. Margiotta et al. (2003: 45–6) put forward ten themes that should underpin good practice in advocacy services. These include: 'building up trust; well trained coordinator and volunteer advocates; effective communication between health and social care professionals so the advocate is understood; independence of the advocate; a one-to-one relationship in which the advocate represents their partner alone; allegiance; unpaid with the consequences of no allegiance to an employer; a long-term relationship and citizen advocates to be drawn from diverse backgrounds; and finally standards of practice and monitoring of the service.'

Older people are not a homogeneous group and may need different advocacy at different times (Dunning, 2005). The evidence suggests that the capacity and quality of what is available can also be patchy. Some groups are not well covered with advocacy services, such as older people from black and ethnic minority groups. Advocacy in relation to people with dementia has raised issues of communication, consent and ethics, and has highlighted the need for a person-centred approach, reflecting on the older person's history.

See also: *Ageing, Care, Dementia, Disability, Frailty, Independence*

REFERENCES

Dunning, A. (1998) Advocacy, empowerment and older people, in M. Bernard and J. Phillips (eds), *The Social Policy of Old Age*. London: CPA Publications. Chapter 12: 200–221.

Dunning, A. (2005) *Information, Advice and Advocacy for Older People: Defining and Developing Services*. York: Joseph Rowntree Foundation.

Age Integration

Where people's entry, exit and performance in basic social institutions such as education, work and retirement are no longer constrained by age.

Age integration refers to a structure where roles in various institutional settings may vary, and are not dictated by whether one is young, middle aged or old. It is often contrasted with the term 'age segregation', which draws attention to the social barriers that exist with regard to age norms and related acceptable roles in education, work or leisure activities.

Age integration is a concept that was presented as an ideal type of societal structure by Riley and Riley (1994a, 1994b) to address the problem of structural lag. Almost two decades ago Matilda White Riley (1988) introduced the concept of structural lag, suggesting that (1) the ageing process changes as society changes; and (2) discrepancies exist between an increasingly healthy older population and the ability of societal institutions to provide meaningful, adequate pathways for continued social activity. In other words, life expectancies are greater than ever, accompanied by good health, yet the absence of role opportunities continues to pose a challenge to ageing societies. Highlighting the significance of the social environment to mental and physical health, the structural lag concept encapsulates the disconnection between growing numbers of 'long-lived' people and the lack of available role opportunities (Riley, 1988; Riley and Riley, 1989). Trends in population ageing and morbidity compression are societal-level transitions that suggest a need for re-evaluating how we think about ageing, and hence the idea of age integration emerged as one pathway by which to alleviate the problem of structural lag.

The notion of age integration builds from earlier work suggesting that societies adopt a system whereby individuals have flexibility with regard to the time they spend in activities of work, education and leisure (Best, 1980; Rehn, 1977).

Age integration would lead to the possibility of more flexibility in roles across the life span. Today it is more acceptable for the young to occupy educational settings, the middle aged to dominate in the workplace, and then older individuals to pursue leisure activity. Using ideal

typologies, Riley and Riley (2000) suggest breaking down structural barriers that exist with regard to age norms and related acceptable roles in education or work, and instead propose an age integrated structure in society where roles in education and work may vary, not dictated by whether one is young, middle aged or old. The concept of age integration suggests that full-time work would give way to part-time work, with such responsibilities spread across all ages. Ideally, institutions become integrated as well. Workplaces begin to provide educational facilities for employees or provide child care. Or at the other pole, people increasingly begin to work from home, hence integrating work, family and leisurely pursuits. Riley and Riley (1994a) also suggest that values will change in an age-integrated society. New meanings will arise out of flexible life experience, where economic competition and achievement will lose meaning and be replaced by value in high-quality social relations, contributions to society and personal fulfilment.

Naturally, potential abuses could emerge from a society organised around the concept of age integration. Entitlement programmes to support older people may receive negative attention, jeopardising the security afforded to older people who simply do not wish to work, or are prohibited from working due to health challenges. The tenets of age integration offer a novel approach to the way society is organised, yet challenges remain as to how to ensure that the labour of elders (and children) are not exploited.

Age integration provides an interesting approach by which to organise major societal institutions, and some suggest that social relations provide a pathway by which to achieve such integration. Hagestad and Uhlenberg (2005) address the topic of age integration by arguing that structural lag persists in part because of the ongoing cycle between age-specific settings/activities and negative attitudes/behaviours towards elders. They suggest that social networks in particular possess qualities that both perpetuate the cycle and offer the potential to break it.

Consider the following situation: A 30 year-old woman takes her 74 year-old grandmother on a vacation to their ancestral homeland. One evening, the granddaughter and her husband plan an evening out at a lively nightclub, where festivities do not being until 11 pm. Knowing they will be gone until 4 am, the young woman informs her grandmother it is best she does not accompany them, as it will be too late a night for the older woman. Her grandmother instantly gets dressed for the evening and insists on joining them. The young woman and her husband reluctantly take her along, where they join other family members.

As the evening progressed, it was the young woman and her age peer relatives who could not remain awake, falling asleep at the table. The 74 year-old woman later chastised her granddaughter for assuming that it was she who would not be able to stay awake.

Families are often portrayed as the ideal age-integrated context, ensuring regular and frequent interactions between generations and also suppressing any potential for conflict regarding aged-based welfare policy (Attias-Donfut, 2000; Walker, 2000). The family frequently serves as a conduit between the older individual and role opportunities with other social institutions (Hagestad and Uhlenberg, 2005; Hareven, 1994, 2000). Family relations, and in particular the affective nature of family relations, have the potential to provide initial clues into creating diverse roles for people across the life course.

Obstacles to continued roles may occur through either formal rules or informal taken-for-granted assumptions. Social relations that unfold within a family context may represent the only truly age-integrated network in which people are enmeshed, and hence provide an ideal setting to contemplate the changing characteristics of population ageing. The idea of age integration holds promise for how societies might effectively address the situation of increasing numbers of older people who are healthy.

See also: *Ageing, Family Relations, Population Ageing, Social Relations*

REFERENCES

Attias-Donfut, C. (2000) Cultural and economic transfers between generations: one aspect of age integration. *The Gerontologist*, 40: 270–272.

Best, F. (1980) *Flexible Life Scheduling*. New York: Praeger.

Hagestad, G. O. and Uhlenberg, P. (2005) The social separation of old and young: a root of ageism. *Journal of Social Issues*, 61: 343–360.

Hareven, T. K. (1994) Family change and historical change: an uneasy relationship, in M. W. Riley, R. Kahn and A. Foner (eds), *Age and Structural Lag: Society's Failure to Provide Meaningful Opportunities for Work, Family and Leisure*. New York: Wiley. pp. 130–151.

Hareven, T. K. (2000) *Families, History, and Social Change*. Boulder, CO: Westview Press.

Rehn, G. (1977) Towards a society of free choice, in J. J. Watts and R. Rose (eds), *Comparing Public Policies*. Wroclaw: Ossolineum.

Riley, M. W. (1988) The ageing society: problems and prospects. *Proceedings of the American Philosophical Society*, 132: 148–153.

Riley, M. W. and Riley, J. W. (1989) The lives of older people and changing social roles. *Annals of the American Academy of Political and Social Science, The Quality of Ageing: Strategies for interventions*, 503: 14–28.

Riley, M. W. and Riley, J. W. (1994a) Structural lag: past and future, in M. W. Riley, R. L. Kahn and A. Foner (eds), *Age and Structural Lag: Society's Failure to Provide Meaningful Opportunities for Work, Family and Leisure*. New York: Wiley. pp. 15–36.
Riley, M. W. and Riley, J. W. (1994b) Age integration and the lives of older people. *The Gerontologist*, 34: 110–115.
Riley, M. W. and Riley, J. W. (2000) Age integration: conceptual and historical background. *The Gerontologist*, 40: 266–270.
Walker, A. (2000) Public policy and the construction of old age in Europe. *The Gerontologist*, 40: 304–308.

Ageing

A process whereby people accumulate years and progressively experience changes to their biological, social and psychological functioning as they move through different phases of the life course.

Four dimensions of ageing are commonly identified: chronological, biological, psychological and social ageing. Chronological ageing refers to the number of years since someone was born, but is generally not recognised as an adequate measure of the extent of ageing because, as a process, it is thought to vary between individuals. Chronological age also provides individuals with a means of distinguishing roles and relationships in terms of the behaviour and expectations that are linked to different chronological groupings. Biological ageing, often known as senescence (declines of a cell or organism due to ageing) and sometimes functional ageing, refers to biological events occurring across time which progressively impair the physiological system so that the organism becomes less able to withstand disease, ultimately increasing its susceptibility to death. From this perspective, the ageing process stems from several physiological factors, and is modified throughout the life course by environmental factors (such as nutrition), experiences of disease, genetic factors and life stage. Psychological ageing focuses upon changes that occur during adulthood to an individual's personality,

mental functioning (e.g. memory, learning and intelligence) and sensory and perceptual processes. Social ageing refers to the changing experiences that individuals will encounter in their roles and relationships with other people and as members of broader social structures (such as a religious group) as they pass through different phases of their life course. As an individual experience, social ageing affects perceptions of who we are, but can also be shaped or 'constructed' by social and cultural contexts which dictate the normative expectations about the roles, positions and behaviour of older people in society. While all three dimensions of biological, social and psychological ageing generally interact, the pace at which each dimension is experienced may be different for the same individual.

Finally, population ageing, sometimes referred to as societal ageing, is a process whereby a group (such as a country or an ethnic group) experiences the progressive increase in the actual numbers and proportion of older people within its total population. This change, brought about largely by socio-economic improvements in health and living standards, progressively reduces mortality and fertility, resulting in increased life expectancy and fewer births, and ultimately, an increase in the older population in relation to younger age groups. Population ageing has long-term implications for governments in terms, for example, of the cost of health and social care for an increasingly important number of older people.

Our fascination with understanding the processes of ageing, the decline of the ageing body and the quest to prolong life has been a source of inquiry for thousands of years, and has been represented in various civilisations through the antediluvian, hyperborean and foundation themes – believing that in the past individuals lived much longer, that in some parts of the world people do actually live very long lives and, lastly, that certain substances have the capacity to prolong life. The search for the causes of ageing in western culture appear as early as the Greco-Roman period, with Hippocrates' theory of ageing, which was based on the idea that an innate heat was essential to life, and that as people aged, it would diminish as part of the natural course of life. Later, Aristotle carried this theory further by comparing the innate heat to a fire, and hence to something that could be extinguished or exhausted. The onset of the scientific era spurned further inquiry, for example with Bacon's quest to identify the laws governing the ageing process during the 1600s and later during the 1700s with Benjamin Franklin's interest in rejuvenation. Galton's data, collected during the 1800s, demonstrated

that many human attributes varied depending upon age, and during the 1900s, biologists such as Pearl contributed to an investigation of the hereditary nature of longevity (Birren and Clayton, 1975). During the first part of the twentieth century, large-scale studies of the ageing process were largely of medical orientation, but its social dimensions were also beginning to draw interest; in the UK, for example, in 1947 the Rowntree Committee's study on the *Problems of Ageing and the Care of Older People* was published (The Nuffield Foundation, 1947).

These developments formed the basis of what was to become the scientific study of ageing during the 1970s, which has subsequently emerged as a multidisciplinary field. Psychological perspectives have improved understanding of how attitudes towards ageing influence later life experiences, and how older people themselves perceive and interpret the ageing process. A particular focus has been on establishing how older people deal with the experience of ageing and what strategies they adopt to cope with changes to health, psychological functioning, social relationships and material circumstances. Theoretical advances suggest that as they age, people become selective about the activities they undertake, developing strategies to optimise their abilities (Baltes and Baltes, 1990) or actively changing the environment in which they live, readjusting their goals to make them easier to achieve. More recently, there has been an interest in exploring the place of communication in the ageing process which is both an individual and an interactive process (Nussbaum and Coupland, 2004).

Bernard et al. (2000) suggest that the study of social ageing has recently benefited from the work of critical gerontologists who have raised awareness of the role that the welfare state may play in increasing economic dependency and social marginalisation in later life, and from postmodern theorists who have challenged the conception of the ageing experience as one characterised by a progressive loss of meaning to life, also highlighting the pervasiveness of ageist attitudes and expectations. Bernard et al. suggest that along with biographical perspectives, which have helped to demonstrate how diverse the ageing experience is and how it mirrors a lifetime of other experiences, these different strands have highlighted many implications of the ageing experience, particularly for women, in areas such as employment, income, well-being, and the various dimensions of caring.

Among the numerous advances in the biology of ageing have been attempts to distinguish physiological from pathological ageing and the development of 'biomarkers' as a means of measuring the rate of ageing.

Several theories, notably theories of the evolution of ageing, seek to explain the effects of senescence on the body, why ageing occurs, what genes contribute to the process and how the human genome is affected by natural selection. It is now established that manipulating both the environment and the genetic make-up of human beings can alter life expectancy and the maximum duration of the life span, innovations which raise the question of whether the process of biological ageing itself can be delayed or even reversed. Studying how genetics may influence the ageing process and longevity raises several questions, notably why the human organism should need to age once it has fulfilled its functions of reproduction (an evolutionary perspective) and whether it will be possible or desirable to intervene and change the rate of ageing and its causes (Moody, 2006).

A more recent focus on ageing has been to view it as a dynamic rather than a static process, as people move through different stages and transitions of the life course. This has led to a growing diversity of methodological approaches in the field, including longitudinal and event history analyses which track the paths or transitions that individuals and groups follow as part of the ageing process, and help distinguish age, period or cohort effects. The increased availability of large, often cross-nationally comparable data sets has also meant that significant developments have been made in distinguishing both culturally specific and historically determined aspects of the ageing process (Morgan and Kunkel, 1998). In the field of biological ageing, for example, the development of longitudinal studies has been used to identify physiological functions or 'biomarkers', biological indicators which help identify the key features of the basic ageing process, such as a person's ability to hear.

In addition to theory and method, ageing has been the object of interventions in various fields. Health interventions, such as exercise programmes for example, have been designed to address the physiological declines resulting from disuse of the body; and from psychology, intervention strategies are now available to help older people learn and remember better. Research on the brain, behaviour and ageing has highlighted the importance of interventions which facilitate environmental stimulation for older people, in the case of stroke victims for example, and the use of environmental prosthetics now provides a means of adapting the physical environment to fit the needs of older people who experience sensory deficits. From a social policy perspective, the engagement of policy makers, planners and legislators has enabled the development and implementation of strategies to address, in particular,

issues of ageism and age discrimination which intensify with the ageing process.

Hence, as a complex, multidimensional phenomenon, the concept of ageing brings with it many questions – ranging from how societies can challenge ageism or use intervention strategies most effectively to maximise cognitive and functional capacities, to understanding whether the biological and environmental determinants of ageing can be fully understood and mastered in order to provide the means of resolving an age-old desire, that of prolonging the duration of human life. What seems to underpin all these questions, however, is whether our goal should be to promote the quality of the ageing experience or rather to pursue the long-standing quest of prolonging human life.

See also: *Ageism, Cohort, Longevity, Population Ageing*

FURTHER READING

O'Hanlon and Coleman (2004) provide a very good review of the different approaches to understanding attitudes to ageing.

O'Hanlon, A. and Coleman, P. (2004) Attitudes towards ageing: adaption, development and growth into later years, in J. Nussbaum and J. Coupland (eds), *Handbook of Communication and Ageing Research* (2nd edition). Mahwah, NJ: Lawrence Erlbaum Associates. pp. 31–63.

REFERENCES

Baltes, P. B. and Baltes, M. M. (1990) *Successful Ageing: Perspectives from the Behavioural Sciences*. Cambridge: Cambridge University Press.

Bernard, M., Chambers, P. and Granville, G. (2000) Women ageing: changing identities, challenging myths, in M. Brenard, J. Phillips, L. Machin and V. Davies (eds), *Women Ageing: Changing Identities, Challenging Myths*. London: Routledge. pp. 1–22.

Birren, J. and Clayton, V. (1975) History of gerontology, in D. Woodruff and J. Birrenn (eds), *Ageing: Scientific Perspectives and Social Issues*. London: D. van Nostrand Company. pp. 15–27.

Moody, H. (2006) *Ageing: Concepts and Controversies* (5th edition). Thousand Oaks, CA: Pine Forge Press.

Morgan, L. and Kunkel, S. (1998) *Ageing: The Social Context*. Thousand Oaks, CA: Pine Forge Press.

The Nuffield Foundation (1947) *Survey Committee on the Problems of Ageing and the Care of Old People*. London: Oxford University Press.

Nussbaum, J. and Coupland, J. (eds) (2004) *Handbook of Communication and Ageing Research* (2nd edition). Mahwah, NJ: Lawrence Erlbaum Associates.