Social Theories of Aging

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ABSTRACT
This paper presents a review of social theories of aging including early theories based on role, disengagement, activity, and continuity, and more recent theories based on modernization, feminism, gerotranscendence, and interactionism. The elements, assumptions and possible biases, and strengths and weaknesses of each major theory are discussed. Since gerontology is multidisciplinary, the variety of theoretical perspectives can be viewed as a strength of this particular field. Similarly, the theories have foci representing micro and macro approaches, functional and conflict approaches, social structural and social psychological approaches, and historical and economic approaches. The possibility of Euro-centric and male-centric biases of theory should not be ignored. Cross-cultural research can further contribute to refining and strengthening the social gerontology knowledge base and its value informing a wider diversity of areas, including public health and medicine.

Keywords: gerontology, social theories of aging

INTRODUCTION
Gerontology is the scientific study of aging and the older population. It is commonly referred to as a “multidisciplinary” field of study. This implies that gerontology may not be per se a discipline, but instead a perspective on its topic – aging and the older population – that draws upon, is informed by, and informs several other disciplines. Disciplines most commonly associated with gerontology are biology, psychology, and sociology. (Gerontologists often talk of a “bio-psycho-social perspective.”) But other fields study aging and the older population as well: there is the politics of aging, the economics of aging, the history of age relations, aging as represented in art and literature, etc.

Still, gerontology exhibits several characteristics of a discipline. There are various lists of “criteria” for identifying a discipline, and there is much overlap between them (as well as some non-overlap). For example, Krishnan notes six traits of an academic discipline: (1) a particular object of research (e.g., law, society, politics), though the object of research may be shared with another discipline; (2) a body of accumulated specialist knowledge referring to the object of research, which is specific to it and not generally shared with another discipline; (3) theories and concepts that can organize the accumulated specialist knowledge effectively; (4) specific terminologies or a specific technical language adjusted to the research object; (5) specific research methods according to the discipline’s specific research requirements, and; (6) some institutional manifestation, i.e., subjects/courses taught at universities or colleges, academic departments, and professional associations.

A body of theory is one of the important characteristics of an academic discipline and, by extension, a (multidisciplinary) field of study like gerontology. This does not mean there will be only one theory; in any discipline or field of study, there are several theories. It is typical for some theories to differ, compete with, or oppose others. Reasons for this include that: (1) as the field of study evolves, so will its theories; (2) different researchers bring different experiences, world views, and assumptions to their studies, so these different backgrounds and predispositions may be reflected in their theories, and; (3) any theory may be more applicable in one culture than another, depending on such factors as dominant values and beliefs as well as level of development.

Multiple and even competing theories, then, do not indicate a field of study is weak, indecisive or non-committal – instead, this indicates the field is evolving, respects variation in its subject matter as well as in its researchers themselves, and is open to change and alternative perspectives. When the field of study’s focus is as complex as human beings and their creations, as social gerontology is, the possibility that one “grand” or “integrative” or “unified” theory can be developed and validated seems nearly impossible.

A key evolutionary step in gerontology theory was to move from a focus on longevity (i.e., extending the quantity of life) to life satisfaction (i.e., improving the quality of life). Gerontologists moved beyond a focus on “adding years to life” and began to emphasize “adding life to years” (e.g., Havighurst). As this occurred, much of the development of gerontology theory was taking place in Western nations/cultures, particularly the United States.

EARLY SOCIAL THEORIES OF AGING
Aging entails many changes, and people “age” differently; not all of us cope with and adapt to the changes of aging in the same ways. Social theories of aging try to answer certain basic questions that emerge from this universal truth. Why do people age differently? What is “normal aging”? What is “successful aging”? To what extent are these differences determined by biology as opposed to psychology or societal/cultural factors?

Any new discipline or field of study strives to establish itself - to justify its acceptance and continued existence - by proving its ability to make unique contributions to knowledge. In doing this, a new field of study often adopts and adapts theories and research methods from older, established disciplines. Gerontology is no different.
Compared to established disciplines like biology, gerontology is a relatively new area of inquiry. Most of its theories have been developed since the middle of the 20th century, and many early theories borrowed from fields like biology and psychology. Most early theories were developed in America or other western nations, perhaps giving them an unintended cultural bias. Social gerontology theory development was also hindered due to early gerontology’s focus on applied research (solving older people’s problems) rather than on basic research (explaining those problems).

**Role Theory**

One of the earliest attempts to describe the impact of aging on individual-society relationships was role theory. Each person has several social statuses (e.g., child, parent, employee, university student, monk). The totality of these comprises one’s status set. Each status has a role associated with it, prescribing how someone holding that status is supposed to behave. What is a university student supposed to “do”? A farmer? A business executive? A grandparent? A retired person? Since each of us has several statuses, each of us also has several roles: our role set. Any behavior expected of someone occupying a role is a “norm” and roles tend to have several norms. While different roles may have some norms in common, each role will have a set of norms that is, in totality, unique to that role. Most importantly, as we grow up and grow old, our roles change: from student to employee, from unmarried to married to widowed; from employee to retiree, etc.

As noted, many social gerontology theories try to explain the relationship between aging and life satisfaction. Role theory wanted to answer the question, “How do roles affect life satisfaction as a person grows older?” Diagram 1 is a visual representation of role theory.

Role theory contains seven concepts. (1) Age is usually measured chronologically in years. (2) Role Change Continuity refers to the fact that, as we give up one role and take on another (e.g., employee to retiree), the old and new roles’ norms may differ. The more similarities between an old role and the new one, the more “continuous” the role change is. A continuous role change, such as from being a high school student to being a university student, is easier to make than a discontinuous role change, such as from being married to being widowed. (3) Adaptation to Role Changes refers to how easy or difficult it is to adjust to a new role when giving up an old role. (4) Role Ambiguity refers to how clear or unclear the new role is: the extent to which the new role’s norms are clear vs. imprecise. For example, a new occupation that includes a written job description is quite clear and unambiguous, whereas the role of “retiree” – what should a retired person do? – is not as specific; it is more ambiguous and provides less guidance to someone taking on that role. (5) Role Loss means losing or giving up roles. The roles we lose, and new roles we take on or do not take on, can affect... (6) Self-Esteem: how we think of ourselves as a person. Are we good or bad? Useful or useless? Valuable or not valuable? (7) Life Satisfaction, which refers to one’s overall contentment with life, is role theory’s true topic, its outcome concept.

Diagram 1, via its arrows, shows which concepts affect which other concepts. Each arrow and the concepts it links form a theoretical proposition. Based on Diagram 1, the theoretical propositions of role theory (and their directionality; see the next paragraph) are: As age increases, role change continuity decreases. As age increases, role ambiguity increases. As age increases, role loss increases. As role change continuity increases, adaptation to role changes increases (becomes easier). As role ambiguity increases, adaptation to role changes decreases (becomes more difficult). As role loss increases, self-esteem decreases. As adaptation to role changes increases (becomes easier), life satisfaction increases. As self-esteem increases, life satisfaction increases.

One could add a “+” or “−” to each arrow to denote whether the relationship between the concepts linked by the arrow is positive (direct) or negative (inverse). For example, age is positively related to role loss and role ambiguity: as we get older (as age increases), role loss increases (we give up, voluntarily or not, more and more roles). Similarly, as age increases, role ambiguity increases: the behaviors expected in our elderly roles (retiree, widow) are not as clearly defined as those expected in the roles we relinquish (student, employee).

The model also shows that as age increases, role change continuity decreases. A role change from secondary school student to university student (which most people experience at younger ages) is fairly continuous; many student norms are the same in secondary school and university. On the other hand, the role change from married to widowed (which most people experience at older ages) is less continuous, with fewer common norms.

Both role change continuity and role ambiguity affect our adaptation to role changes: how easy or difficult it is to make the transition from the old role to the new one. The greater the role change continuity, the easier the adaptation to role changes, since the new and old roles have common elements. However, greater role ambiguity leads to more difficulty in adaptation to role changes, which is why the theoretical proposition linking these two concepts suggests an inverse relationship between them.

Our roles are important components of our self-image; usually each role provides some positive support for how we feel about ourselves. It follows that the greater the role loss the lower our self-esteem. Fewer roles means less support for positive self-esteem. Both adaptation to role changes and self-esteem are positively related to life satisfaction. If we are successful in transitioning from old
roles to new ones, we will be more satisfied with our lives. Similarly, if we think well of ourselves (higher Self-Esteem) we will have higher Life Satisfaction.

The last step in fully understanding the Role Theory model is to use the “+” and “-” signs to discern the relationship between the concepts we’re most interested in − Age and Life Satisfaction − along each unique path. Think of “+” as “+1” and “-” as “-1.” Along any path, starting with Age, multiply those. When you reach the end (Life Satisfaction), a +1 product means a positive relationship between Age and Life Satisfaction, whereas a -1 product means a negative relationship.

For example, there is a negative relationship (-1) between Age and Role Change Continuity, a positive relationship (+1) between Role Change Continuity and Adaptation to Role Changes, and a positive relationship (+1) between Adaptation to Role Changes and Life Satisfaction. Multiplying these yields a negative relationship between Age and Life Satisfaction \((-1) \times (+1) \times (+1) = -1\). The overall result, then, is a negative relationship: as Age increases, Life Satisfaction decreases.

In Diagram 1, the same (negative) relationship is found for any path from Age to Life Satisfaction. As noted earlier, one important trait of any scientific theory is that it can be tested via research. Since each concept and proposition in Role Theory can be measured (operationalized as hypotheses describing relationships between variables), the theory is testable: it is properly constructed and conceptualized.

Role Theory, as presented here, predicts that as people get older, Life Satisfaction declines. This is not a happy prospect for older people! And while Role Theory may be valid for some older people and in some societies, there have always been many examples of people who retained high Life Satisfaction and well-being as they grew older. Another theory, then, was needed to account for this.

Activity Theory
Activity theory emerged from the Kansas City (USA) Studies of Adult Life (e.g., Havighurst5). It is perhaps the most common-sense of gerontology theories: older people who are active seem better adjusted and happier than those who are not. (Of course, it was not clear whether greater activity caused greater life satisfaction, or higher life satisfaction caused greater life activity, or both.) Activity theory merges the previous focus on roles with a focus on maintaining active, productive roles as one grows older, replacing lost roles with meaningful new ones to maintain a role set similar to that of a middle-aged person.

Diagram 2 presents one view of the concepts and theoretical propositions of activity theory. Age refers to the aging process, usually represented by chronological age. Role loss denotes giving up a role; as noted earlier, this can be voluntary or involuntary. Activity level refers to the size of one’s role set: the number of roles a person has. Each role provides some social, psychological and/or emotional support for our conception of who we are; that is, of our self-concept. The more roles (and thus role supports) we have, the more stable our self-concept is, and the more satisfied we are with our lives.

As age increases and functional abilities begin to decline, we lose roles. For example, retirement represents the loss of the employee role. When children leave home, part of the parenting role is lost. When a spouse dies, we lose that marital role. If an accident or health problem reduces our mobility, rendering us unable to get to a place of worship, part of our religious/spiritual role is lost.

Each role loss removes that role’s support from self-concept stability; our self-concept can become “shakier,” more uncertain. In old age, we become more likely to question whether we still have value to our family, community, and society.

Finally, a stable self-concept is one key to high life satisfaction; a stable self-concept means our self-evaluation will likely be positive and not threatened by the loss of any one role. In sum, based on Diagram 2, the theoretical propositions of activity theory are: As age increases, role loss increases. As role loss increases, activity level decreases. As activity level decreases, role supports decrease. As role supports decrease, self-concept stability decreases. As self-concept stability decreases, life satisfaction decreases.

As with role theory, then, Diagram 2 shows that in the end increased age results in decreased life satisfaction. Greater age brings greater role loss. Greater role loss leads to lower levels of activity, and each reduced activity removes one role support that had been contributing to self-concept stability. As one’s self-concept becomes less stable, satisfaction with life can decrease. Overall, as age increases, life satisfaction decreases. Like role theory, this is does not bode well for older people.

Here, however, is the key difference: activity theory recommends “role replacement” – replacing a lost role with a similar, meaningful one. This maintains a full role set. With a full role set, there is no significant decrease in role supports or self-concept stability (since the new roles are “meaningful”), and life satisfaction can remain high. We may lose roles, perhaps inevitably, as we grow older, but we can retain high life satisfaction if those lost roles are replaced with similar ones that reinforce a positive self-concept.

What is a “meaningful” role? The answer varies by culture. Western, capitalistic cultures such as the United States historically emphasized that a meaningful role is one where you DO something, and this has historically meant productive, paid employment. If you are retired or unemployed in this type of culture, then you are not really DOING anything and you are of less value to yourself, your family, and your society. Other cultures hold a much broader interpretation of “meaningful.” Activity does not have to be paid employment: an older person’s life can be meaningful if the person assists adult children...
and grandchildren, grows a garden that feeds the family, helps maintain the extended family household, assists with caregiving, or volunteers in the community. The concept of a “meaningful role” is culturally determined.

Also problematic is determining how many roles are needed for high life satisfaction. Early studies of life satisfaction were conducted in Western cultures and were cross-sectional, not longitudinal. Thus, their findings told us about life satisfaction differences between age groups, but not necessarily how life satisfaction changes as one sample or cohort ages. And whatever such studies did tell us, the findings might not be replicable in other cultures.

Western, cross-sectional studies of life satisfaction reported that middle-aged people were the happiest, and researchers inferred that a middle-aged role set was the most desirable. In addition to the cultural and methodological limitations of activity theory, then, there was also a question of logical reasoning, of quantity vs. quality. Is the largest role set the best? Are middle-aged roles the most desirable? Can we really expect people to maintain a middle-aged role set when they are 70, 80, 90, or 100 years old? Don’t some older people relinquish roles yet remain very satisfied with their lives?

Like role theory, then, activity theory wasn’t completely adequate. While pleasing, somewhat logical (to be happy in old age, stay active), and arguably more positive than role theory (due to recommending role replacement), it contained some inherent biases and methodological flaws, and it didn’t account for large numbers of people who, in old age, reduced their activity level yet remained happy.

Disengagement Theory

Disengagement Theory, as proposed by Cumming and Henry, is considered the first social gerontology theory to argue that what’s called the “lived experience of aging” (e.g., Gubrium’s) – not merely what happens as people age, but how they think and feel about it – can be understood only through formal consideration of the society in which people are aging. It is less individualistic or micro-level, and more aware of macro-level or societal influences on how people experience old age.

Disengagement theory contradicts activity theory in that disengagement theory argues that the key to high life satisfaction in old age is not for the individual to retain a large, middle-aged role set, but instead for the individual to relinquish roles and accept role loss. Society and the individual experience a “mutual withdrawal” – they voluntarily disengage from each other. This, argues disengagement theory, has multiple advantages. First, society needs an orderly transition of older workers out of the labor force, create jobs for new, young workers, and to ensure a smooth flow of employees up the career ladder.

In sum, based on Diagram 3, the theoretical propositions of disengagement theory are: As age increases, loss of functional abilities increases. As age increases, loss of relevant skills increases. As modernization increases, loss of relevant skills increases. As loss of functional abilities increases, disengagement increases. As loss of relevant skills increases, disengagement increases. As disengagement increases, life satisfaction increases.

Unlike activity theory, which argues that the key to high life satisfaction in old age is to maintain a full middle-aged role set, disengagement theory argues that the key to high life satisfaction in old age is to voluntarily reduce one’s role set so that less is expected of the individual. Instead of advising, “To be happy in old age, stay active!”, disengagement theory advises, “To be happy in old age, become less active!”

As with any theory, however, disengagement theory has some weaknesses. First, not everyone wants to disengage...
Continuity theory, sometimes called personality theory, was developed in the 1960s from the same Kansas City studies that gave rise to activity theory. It explains adaptation to age-related changes from a social-psychological perspective. Maddox is credited with the first empirical description of continuity in aging. Continuity theory proposes that people tend to behave consistently across the life span in terms of preferred roles and role replacement (similar to activity theory), and in terms of how they adapt to changing circumstances. “Personality” refers to the contention that once personality is fully developed, by the late teens or early twenties, it changes little if at all as people grow older. The theory also claims that personality affects how we react and adapt to change, including affecting the odds that our adaptation will be successful. People with different personalities will perceive the same event (e.g., retirement, widowhood, chronic illness) in different ways. Since they interpret the event differently, they will react and adapt differently, and some adaptations will be more successful than others. Since personality remains fairly consistent from early adulthood on, and since our adaptive behavior is affected by our personality, we tend to react and adapt to change in consistent ways. Thus, some older people’s adaptive behaviors to age-related changes are more successful than other older people’s adaptive behaviors because some older people, even when younger, had personalities better suited for successful adaptation to change.

Some personality types, then, are more conducive to successful adaptation to age-related changes while other personality types are less likely to adapt successfully. There are many typologies of personality. For illustrative purposes, one derivable from the early continuity theory work of Neugarten, Havighurst and Tobin is presented here.

(i) People with a mature, organized, or integrated personality (all these descriptors have been used to refer to this personality type) are stable, realistic, and pragmatic. They are good problem-solvers and cope well with change. They accept life’s positives, and when faced with a loss or a negative change, they confront it, cope with it, re-organize their lives as necessary, and move on. In terms of adapting to the changes of aging, this is considered a “healthy” personality type.

(ii) People with an armored or armored-defended personality are achievement-oriented, competitive, and fairly rigid in their thinking. Historically, research has found this personality type more common among males than females (due to traditional gender roles). Such people tend to see things in black and white, rather than shades of gray, and prefer fixed routines in daily life. Independence and being in control are very important. The personality type name comes from the analogy of wearing a suit of armor as a defense against the losses (e.g., of independence, control, competitive success) that are believed to accompany old age. It is important to this person to stay active and engaged. The worst fate is to become dependent on others. This is considered a healthy personality type because it favors activity and continued societal involvement, but late-life dependency or debilitation (e.g., stroke, Alzheimer’s Disease) will be very difficult for this person to deal with.

(iii) Someone with a disengaged or passive-dependent personality is less socially engaged and more solitary and prefers to live that way. Competitiveness and rising to the top of one’s profession have never been important, nor is public recognition. This person probably works only to make a sufficient living, then focuses on hobbies and activities that are intrinsically rewarding. When retirement arrives, this person relinquishes the work role without regret. Such people are quietly self-sufficient and don’t need a lot of social activities or a large support network. Giving up roles (e.g., work, parenting) is not a problem for them; they’re happy with fewer obligations. This is considered a healthy personality type for old age unless the person intentionally or, through the hyper-generosity of others, becomes overly dependent, allowing others to do things that the person could - and should - be doing independently.

(iv) A person with an angry personality may have had, overall, a good life, or at least many positives, but chooses to focus on the negatives: abusive parents, failed jobs and relationships, health problems, being misunderstood, etc. This person sees life as one misfortune after another and – a key point – it’s always someone else’s fault. People with angry personalities believe they have never made a serious mistake, and that life would have been successful and rewarding if only parents, spouse, God, fate, etc. hadn’t conspired against them. This is considered an unhealthy personality type, since this person will view the losses of old age and the changes that accompany aging as more undeserved misfortunes. This person is more resentful than adaptive in old age.

(v) Finally, the self-hater personality is similar to the angry personality except that, in this case, all the negative aspects and events in the person’s life are attributed to the person’s own inadequacies and poor choices. Life has been a series of undesirable events and, since these people blame themselves, they believe they deserve everything negative that happens to them. This is viewed as an unhealthy personality type, since this person will view the losses of old age as deserved, based on a history of failure to take care of health, finances, relationships, etc. Critics of personality theory question the assumption that personality is relatively stable and unchanging and, since this is largely a psychological theory, the failure to consider the power of social factors to modify the lived experience of aging.
MORE RECENT THEORIES WITH CROSS-CULTURAL IMPLICATIONS

As gerontology in general and social gerontology in particular evolved, social theories of aging have changed, too. Sometimes a theory is based on one or more unjustified assumptions; once these have been identified, the theory has been modified or even discarded. Sometimes new research reveals findings current theories cannot explain, so new theories might be developed to "fill the gap." Sometimes different researchers prefer different perspectives – micro vs. macro, or quantitative vs. qualitative – and this leads to different evaluations of theories. And sometimes theories are shown, through research, to be too strongly linked to one historical period or one culture; they are not as relevant in other times or other cultures.

Consequently, since the 1960s many new theories have arisen in social gerontology. Each tries to improve upon earlier theories and to consider how changes in time, culture, or focus affect the experiences of older people in their societies. We will consider two of these theoretical perspectives, one chosen because of its clear cross-cultural applicability, the other chosen because of its focus on gender differences in the lived experience of aging.

Modernization Theory

Modernization theory was developed by sociologists Max Weber and Talcott Parsons. It was given a gerontological focus by Cowgill and Holmes, who noted that the social status of older people seemed lower in more developed societies than in less developed societies. They sought to explain how and why the social status of older people might decline as a society modernized.

As Diagram 4 (adapted from Cowgill) shows, modernization theory is conceptually complex. Five concepts – health technology, economic technology, a child-centered educational system, rapid social change, and urbanization – are both major forces of modernization as well as major factors leading to the devaluation and lower social status of older people. The concepts and theoretical propositions of the model and brief rationales are as follows.

(a) Advances in health technology lead to lower birth and death rates, resulting in a higher proportion of older people, which can cause competition for jobs between younger and older generations.
(b) Advances in economic technology mean lower demand for workers (due to automation and computerization), creating competition for jobs between younger and older generations.
(c) Advances in economic technology also create new jobs for which older people haven’t been trained and which make their job skills and knowledge obsolete. If the economy no longer needs what you know and can do, you are less “valuable” and consequently have lower social status.
(d) Intergenerational competition for jobs can lead to a formal retirement system such as a national pension. This allows society to create job openings for younger workers by removing older workers from the labor force without forcing them into poverty. Especially in western societies, with a high value
on productivity, retirement means loss of productivity and results in lower social status. Retirement also means a reduction in income, and if income is related to social status, lower income means lower social status. (e) A major function of the educational system, at least in western societies, is preparing young people to take their place as young adult participants in the economy. A child-centered educational system is economically functional for society. But it is not targeted at older people, whose job-related knowledge and skills become more obsolete, and who cannot use the educational system to learn new job skills. This reduces elderly social status. (f) In addition, the greater the modernization, the faster the rate of social change. The faster the rate of social change, the sooner older people’s knowledge and skills become obsolete, resulting in lower social status. (g) Finally, one indicator of modernization is urbanization. As cities grow outward, the suburbs become more desirable, yet older people often cannot afford to move there. They remain in what used to be a more respectable part of the city but which, as the cities grow, becomes more working-class, more deteriorated, more crime-ridden, and less valuable. People who live in such places are seen as having lower social status than people who can afford to move to the newer, more desirable outlying areas. Additionally, younger people migrate from their rural towns and villages to urban areas in search of education, better jobs, and more exciting lifestyles, leaving their older family members behind and more isolated in the more distant towns and villages.

Overall, since advances in health technology and economic technology, a child-centered educational system, rapid social change, and urbanization all occur as societies evolve from more traditional, agrarian, and rural to more modern, industrial (and post-industrial) and urban, many factors combine to reduce the value and thus the social status of older people.

This is a very pessimistic view of the relationship of society and older people, of the effect of inevitable modernization on the social status of the older population. Might there be exceptions that could identify keys to older people maintaining higher social status as a culture modernizes? Palmore proposed that, while empirical data and quantitative research were valuable, they should be increased emphasis and theorizing on the subjective, interpretative, qualitative aspects of aging.

This is important because how data are interpreted often becomes the basis for policy, programs and services that affect older people. For example, if a perceived “problem” of the elderly, such as poverty, is believed to be caused by societal discrimination against older people, the resulting policies, such as retirement laws, income support, and health care will be quite different from policies based on the belief that elderly poverty is due to poor planning by and personal shortcomings of individual elderly. In addition, if policies are based on an assumption that the older population is homogeneous, they will be less effective because the older population is in fact quite heterogeneous. Such policies would, at the very least, be off-target and financially wasteful: they would likely give some elderly more support than they need, others less, and some might be omitted or overlooked entirely.

Feminism typifies this critical approach to gerontology and gerontology theory. Until recent decades, gerontology research and theory lacked serious and formal consideration of gender and women’s experiences as they aged. Given that the older the age group you examine the higher the percent of women in it, this is a startling omission and a clear indicator of the impact of gender-biased societal values and, perhaps, researcher bias. Women were omitted from early studies of retirement because they were unpaid homemakers and, as they grew older, their duties and activities – their role – didn’t change. Women were excluded from early studies of health and aging due to the belief that, in terms of health and illness, women were like men, only less so. The value of women’s unpaid work, such as parenting or housekeeping or caring for older family members, is rarely recognized and rewarded by laws and policies such as pensions, which favor people in paid employment – historically, much more likely to be men.

The feminist perspective on social gerontology argues that, since women comprise the majority of the older population, a focus on the interaction of gender and aging is natural, important, and cannot be ignored. Since gender differences, both real (e.g., physiological differences) and socially imposed (e.g., lower pay for “women’s work”), are a major organizing force in our lives, gender must be a primary concern of aging studies. Because of real and socially imposed gender differences, men and women will experience old age quite differently. Feminism also points us toward recognizing and studying the intersections and, often, the cumulative disadvantages of gender and age with other statuses such as race, social class, or marital status. If it is a disadvantage to be female in a society, what must it be like to be an old, poor, widowed female in a racial or ethnic minority?

Like modernization theory, the feminist perspective on aging clearly has cross-cultural applications. While different societies treat women differently, in nearly all societies women suffer social, economic and other forms of...
discrimination. These two theoretical approaches show us the power of level of development and gender in affecting the lived experience of aging, regardless of nation.

**ADDITIONAL SOCIAL THEORIES OF AGING**

The theories presented so far: 1) show the historical development of social gerontology theory (role theory, activity theory, disengagement theory, continuity/personality theory), and; 2) provide useful perspectives that are relatively culture-free (modernization theory, feminism). It is not surprising that there are many social theories of aging. This is normal, in any field of study, as theoretical thinking begins and evolves. More recently, scientists have become aware that subjective interpretations can affect theory; critical perspectives (e.g., feminism) can help develop a fuller, more accurate picture of older people and their lived experience of aging, regardless of nationality. There are several other social theories of aging, too many to fully present here. Some, however, are worth brief descriptions, both because they have some validity and are useful per se, and because one of them may be the most “appropriate” theory to inform one’s own gerontological research.

**Gerotrancendence Theory**

Especially as presented by Tornstam,18,19 gerotrancendence focuses more on aging individuals than on the society in which older people live. It contends that as people age into their older years, their perspective shifts from a materialistic, externally-oriented one toward a more spiritual, internally-oriented and transcendent one, resulting in more reflection and contemplation and resulting in greater well-being or life satisfaction. Western and capitalistic cultures, emphasizing materialism, productivity and consumption, interfere with gerotrancendence. Other cultures, with different values, present fewer obstacles. Gerotrancendence may therefore be more compatible with cultures that place a stronger value on internal locus of evaluation, self-acceptance, and the wisdom that comes with added years of life experience. Gerotrancendence theory has been criticized for its attempt to be a “universal” theory without taking into account many variables of diversity found in the older population.20 Nonetheless, it is recognized as a valuable approach in certain contexts, such as long-term care institutions and family-based eldercare, where older people can benefit from increased inward reflection, spirituality, and life review.

**Interactionist Theories**

Interactionist theories focus on the mutually influential relationship of aging individuals and their societies: how opportunities are given or denied to older people, as well as the messages about what older people “are” that are communicated by these opportunities and individual-society relationships. Interactionists are concerned about what older people are allowed to do (or not do), or expected to do (or not do), what this says about a society’s view of and value placed upon older people, and how older people feel about and react to this.

One such theory, symbolic interactionism, emphasizes that the meanings we give things or actions are not inherent in those things or actions, but are “socially constructed.” What is the “meaning” of being 60 or 65 or 100 years old, of having gray hair or wrinkled skin, of being retired or widowed, of having cancer or dementia, or of being a caregiver for someone with cancer or dementia? Each thing, action, or social status can have positive or negative meanings. Also, since different interpretations of a thing, action, or status can compete with one another, and since the dominant interpretation has consequences for (older) people, symbolic interactionists also study which people or groups get to decide which meanings prevail.

In a social gerontology context, symbolic interactionists draw attention to how the interplay between aging individuals and their social, economic, geographic, and political environments affects images, beliefs, and values regarding aging and older people, and consequently how positive or negative the dominant view of the elderly is.5 Labeling theory, an offshoot of symbolic interaction, focuses on how we come to view ourselves based on the messages about ourselves we receive from others – how others, or society, label us. In many cultures people rely on external evaluations and labels to decide if they are good or bad, valuable or not valuable, desirable or not desirable. These evaluations and labels shape people’s self-concept, the preferences they develop, their choices, and their behaviors. If the “normal changes of aging” – physiological changes, psychological changes, society’s view of older people’s roles – are labeled negatively, older people will develop negative self-concepts and, most likely, decrease their activity level and role set and withdraw from social engagement.21 Labeling, of course, is greatly affected by culture: identical older people may be labeled positively in one culture and negatively in another. As well, there are cross-cultural variations in the weight given external vs. internal evaluations, resulting in variations in the effects of external labeling on older people’s self-concept.

The subculture of aging theory22 argues that, just like racial or ethnic or religious subcultures exist within a dominant “mainstream” culture, a subculture of aging exists and is beneficial for older people. Many of any subculture’s values, roles, and norms will mirror those of the dominant culture, but some may be prioritized differently, some may not exist, and some new ones may be created. For example, if older people can be forced to retire, a subculture of aging perspective claims they will begin to lower the value they place on paid employment in old age and raise the value they place on retirement activities such as spending more time with grandchildren, volunteering, or traveling. This cognitive consistency provides older people with a more positive meaning of retirement, leading to higher self-esteem and opposing negative labels society may attach to older people. The subculture of aging may also generate awareness that while some interests of older people differ from younger people’s or the dominant culture’s, there is “strength in numbers” – if older adults present a united front they can effectively promote their interests in economic, political, and other arenas. One indicator of this is the rise of “aging advocacy” organizations in many nations.

Age stratification theory, originally developed by American gerontologist Matilda White Riley,23 views age as a type of social stratification in the same way that many societies use race, religion, gender, or income/wealth as bases for stratification – for separating people into
advantaged and disadvantaged groups. Every society has at least three age strata: young, middle-aged, and old. In many societies, these are thought of in terms of economic productivity: too young to be expected to work, working age, and too old to be expected to work. Advanced societies, for various reasons, sometimes add age strata (e.g., teenager) or divide the elderly age stratum into young-old (usually 65-74), old-old (75-84), and oldest-old (85+). Regardless, each age stratum is labeled by society as a more desirable or less desirable stratum to belong to. This is why, in some societies, children look forward to becoming teenagers, or teenagers look forward to becoming adults, or adults do not look forward to becoming “senior citizens” or “elderly.”

Also, some statuses and roles, such as student, parent, retiree, or widow/widower, are assigned by society to best fit into one particular age stratum. An elderly student or a young retiree is an example of “age-status asynchronization,”24 a social status and age stratum that aren’t usually found together. A key value of age stratification theory is that it makes us aware that older people’s self-concept and life satisfaction aren’t only functions of activity or disengagement, but also of the appropriateness of their roles and activities in terms of their age stratum.

There is also a cohort effect at work here. Consider two American birth cohorts: the Great Depression cohort (born 1929-1939, approximately) and the Baby Boom cohort (born 1946-1964, approximately). The formative values instilled in (typically young) people vary between cohorts, often based on variations in historical trends. For example, how important is it to remain at one job or with one company? For the Great Depression cohort, raised in economically depressed times, a job was to be sought and valued, and keeping a job was very important. For Baby Boomers, who grew up in the flush post-WWII economic growth period, a job was expected, a natural outcome of one’s education and, since the economy was healthy and there were plenty of jobs, one expected to move from one job or career to another. That is, age norms in the same age stratum can change over time, as one cohort, raised at a certain time with certain dominant values and historical events, replaces another that was raised in another time and, due to historical circumstances, perhaps with different values. This approach is often useful in explaining and understanding the “generation gap” – the lack of understanding and the values conflict between younger and older generations.

Dowd’s25 social exchange theory of aging addresses the question of why older people’s social activities and social interactions – you could call it their “role set” – often decline in old age. Dowd adapted a cost-benefit approach from economics. If you want a shirt, for example, you need to exchange some of your resources for it: money, usually, or perhaps your labor or social support.26 Modernization theory claims that, as a society modernizes, the knowledge and skills of older people become more obsolete, less needed, less useful, and consequently less valuable. That is, the resources older people can use to get what they want (e.g., life satisfaction) become less valuable as they age and as society modernizes. Getting what they want becomes less certain because the “price” of what they want, compared to the value of what they can offer, has become more “costly.”

This theory is not as economic or as pessimistic as it sounds. While older people may lack key resources such as material possessions, income, and wealth, at least in modern or post-modern societies, they do have resources of value to their family, community, and society: time (for volunteering or child care), wisdom, respect, and caring. Social exchange can also occur via reciprocal relationships between generations as seen in many cultures: parents raise, protect and care for their children, and in return the adult children will protect and care for their aging parents.

Key concepts of the social exchange theory of aging are resources, power, and opportunities. These also figure significantly in the political economy of aging perspective, which argues that social class (often determined by education, wealth, and occupation) is a most important determinant of people’s place in society. Of course, gender, ethnicity, religion, and other factors affect social position. However, this conflict-based perspective focuses on class-based inequalities and the use of various forms of power by the advantaged classes to maintain their position over the disadvantaged classes.27 These advantages, typically codified in policy and law, affect people’s options and opportunities and, for the elderly, their experiences as older people in their society. Whereas social exchange theory seems applicable in developing as well as developed nations, political economy’s potential to explain age relations may be a better fit for economically advanced countries.

The life course perspective, while not a theory per se, is nonetheless valuable in social gerontology because it recognizes the multiple factors and approaches that must be incorporated into any attempt to move toward a “grand theory of aging.” The lived experience of aging and the meanings attached to it are affected by factors at both the micro and macro levels, by age, cohort, and historical period, by social status variables such as race, gender, ethnicity, religion, and sexual orientation, and by factors such as health, housing, work, and family.28 “Life course” refers to human development as continuous, but not necessarily in a linear fashion. For example, an aging person may experience declines in physiological functioning, stability in psychological functioning, and emotional or social or spiritual growth, all at the same time. The life course perspective recognizes the power of social forces to shape individual experiences, but also the individual’s “agency” – the ability to make decisions that are independent yet may have consequences across the life course (e.g., how much education to get, whether and when to marry, how important career will be).

Human beings are complex. They exist as individuals, but as individuals interacting with other individuals and groups, and all of this occurring in a certain society at a certain point in time. Any attempt to understand aging processes and experiences in a socio-historical context must by definition be multidisciplinary and multi-level: the lived experience of aging is affected by biology, psychology, social forces, politics, economy, family, etc., and all of these have both micro-level and macro-level manifestations. Of all the theories and perspectives that try to explain the lived
experience of aging, the life course perspective is perhaps the best reminder of the enormity of the task. Yet it is also an optimistic view that, given enough time and research, the task might yet be accomplished.

**SUMMARY AND CONCLUSION**

The first social gerontology theories focused mostly on aging individuals, since they were the people whose “problems” gerontologists wanted to explain and solve. Research and theory would do that. However, in part to gain scientific credibility and respect, social gerontology soon began to imitate and borrow methodology and theory from already-established and well-respected fields like sociology, political science, and economics. This shifted the explanatory focus from individuals to social structure: the problems of aging and the elderly weren’t necessarily caused by deficient individuals, but instead by how society treated older people, often discriminating against them. It followed that the solution to the problems of the elderly lay not so much in individualized problem-solving as in reframing the images, rights and opportunities of older people to promote better self-concepts and more positive roles in the family, community and society. In other words, the problems of old age were viewed not as problems of individuals, but as problems of a group (older persons) created by social structural discrimination. The solutions, therefore, would be achieved not by helping on an individual basis, but by social structural reform.

Most recently, however, the social gerontology theory “pendulum” that had swung from a focus on individuals to a focus on social structure has settled back toward the middle, a more interactive, multi-level approach that views older people and their social environment as able to influence each other: society shapes the lived experience of aging, but the elderly have agency and can affect how society views and treats them.

A second trend in gerontology in general and social gerontology in particular has been a shift in preferred research methods from quantitative to qualitative and, most recently, to mixed methods. As in other sciences, research began by being numerically descriptive: empiricism suggested the world is knowable and can be measured, and that the measures would be valid and precise. This gave any nascent scientific field credibility. However, in gerontology, it became clear that there were aspects of the lived experience of aging that were not easily quantifiable. That is, we can measure life satisfaction with scales that are very precise, but do two older people with identical scores really have the same level of life satisfaction? Can life satisfaction mean different things to different older people? Qualitative approaches have the advantage of allowing research subjects to answer questions in their own words; the implication is that these answers are a more valid representation of the subjects’ true feelings. Of course, a mixed methods approach appears preferable because it can claim both precision (via quantitative measures) and validity (via qualitative measures). Mixed methods can be an improvement over purely quantitative or purely qualitative studies, but must be well designed and include awareness of its limitations.

These trends are examples of gerontologists recognizing and working toward a common goal: an integrative theory of social gerontology. As noted by Bass, an integrative theory would be based on several general principles (p. 368-371): (a) The individual must be considered in the context of the larger sociopolitical environment; (b) Large, often invisible macro-level influences on older people are dynamic, changing over time and between nations/cultures; (c) Advantages and disadvantages accrue over the life course; (d) In an “integrative social gerontological perspective,” we cannot ignore the psychological, social, cultural, and economic consequences of physiological changes; (e) The effect of policy is politically stratified (at least in democratic nations); (f) There is constant interaction between the individual and society, each influencing the other over time; and (g) Chance plays a role.

It is easy to see how different social gerontology theories prioritize Bass’s principles differently. Lacking an integrative theory, extant theories testify to the beauty of scientific inquiry in social gerontology; together the theories cover most if not all of the relevant dimensions an integrative theory would include. It is a comforting thought as the theoretical and knowledge bases of social gerontology continue to progress. While this is an admirable and lofty goal, a more practical concern may be the need to examine the various theories in countries that vary by culture and level of development. And if it can be argued that a theory that functions well in one nation or culture may not function well in another, the same point can be made intra-nationally as a country develops.

Finally, in many disciplines and fields there has been a Western or Euro-centric bias as well as a male-centric bias. It is reasonable to think, then, that a theory that explains certain phenomena may be more applicable in Western than non-Western cultures. Similarly, a theory that explains certain phenomena well for male subjects may not be as adequate when considering females. More recent research tries to control for such factors and generally does this fairly well. Still, we must keep in mind that one explanation for disagreements about the validity or value of a theory may be due to differences in culture, gender, political ideology, or other factors. Today’s “developing” nations are “modernizing” much faster than today’s developed nations did in the past. There is the likelihood, then, that the “best” theory for a particular issue in a particular country may be the “best” only for a while; as the nation develops, and its material and non-material cultures evolve, a different theory may provide more powerful explanations and predictions.

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