This newest edition of a core graduate-level textbook has added six new chapters and has substantially updated earlier chapters to further enrich the paradigm of “gerontological imagination,” or the interdisciplinary approach to the study of aging. The text delves into such questions as “How does aging affect the mind and body?” “How does social context influence aging and life course development?” “How do history, culture, and biography intersect the life course?” Academically rigorous yet clear and accessible, the text provides the most current findings from leading researchers and practitioners from many disciplines. Chapters examine gerontological perspectives in nutrition, speech science, geriatric medicine, demography, anthropology, sociology, political science, social work, and law. Each author provides a self-reflective discussion that acknowledges the contributions, limitations, and biases of each discipline’s approach to aging scholarship. In addition, chapters offer insight into how researchers and practitioners in particular disciplines think about aging. Special emphasis is placed on international outlooks on growing older, given the increasing influence of globalization on individual lives. Additionally, this new edition covers current challenges regarding policy and service delivery in the face of fiscal uncertainty. By interweaving knowledge from a broad range of disciplines, Wilmoth and Ferraro have created a comprehensive picture of gerontology today that will enhance course instruction and provide a new window into the future of the discipline.

New Chapters Address:

- Geriatric medicine and nursing
- Communication and aging
- International and cross-cultural perspectives on aging
- Public policy and the needs of diverse aging populations
- Geriatric social work
- Legal perspectives on aging

Key Features:

- Interweaves current gerontological research and ideas from multiple disciplines
- Addresses biology, psychology, human development, anthropology, sociology, and economics as they relate to gerontology
- Presents new disciplines actively engaged in gerontology, including exercise, science/nutrition, audiology/speech science, geriatric medicine, demography, anthropology, political science, social work, and law
- Includes Ferraro’s classic chapter on “The Gerontological Imagination”
Janet M. Wilmoth, PhD, is professor of sociology and director of the Aging Studies Institute at Syracuse University, Syracuse, New York. Her research addresses issues related to the demography of aging and social gerontology, in particular, older adult migration, living arrangements, and health status. Her work has been supported by grants from the National Institute on Aging, the Social Security Administration, and the National Poverty Center. Her current research examines the impact of military service on health outcomes across the life course.


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Dr. Ferraro has published over 95 refereed journal articles, 20 chapters, and two books. His articles appear in a variety of gerontology journals, including Journal of Gerontology: Social Sciences, Journal of Gerontology: Medical Sciences, and The Gerontologist, as well as in sociology journals such as American Journal of Sociology, American Sociological Review, Journal of Health and Social Behavior, and Social Forces. Dr. Ferraro is a fellow of the Gerontological Society of America and received its Distinguished Mentor Award in 2011. He is a former editor of the Journal of Gerontology: Social Sciences.
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For my mother, Jean Stinneford Wilmoth

JMW

In memory of two special mentors:
Charles Barresi and Charles Longino

KFF
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Preface

This edited volume follows the tradition of its previous editions. A primary goal of the first edition of *Gerontology: Perspectives and Issues*, which was published in 1990, was to articulate an overarching paradigm—the *gerontological imagination*—to unite the field and to provide a comprehensive review of theoretical and empirical research in gerontology. The second edition, published in 1997, continued in that vein by offering chapters on a wide range of multidisciplinary topics. The third edition represented a substantial reconceptualization and reorganization, aimed at developing the reader’s gerontological imagination by using a more explicitly interdisciplinary approach that provided a broad overview of gerontological inquiry focused on the core questions of gerontology: What is gerontology? Why do we age? How does aging affect the mind and the body? How does social context influence aging and life course development? How do history, culture, and biography intersect to create the life course? What are the needs and interests of an older population and how are they created and addressed? This fourth edition builds on those questions by providing updated versions of eight chapters that were included in the previous edition and adding seven new chapters.

We imagine the book will find a variety of uses. We see it as ideal for multidisciplinary and interdisciplinary courses, but it may also be useful as a supplement for discipline-based courses such as the biology, psychology, or sociology of aging. In those courses we would expect it to stretch the scope of inquiry. Whatever its use, we think the sophistication and clarity of the chapters will make it helpful for audiences at both advanced undergraduate and graduate levels. It is our hope that this book will contribute to the continued development of
the *gerontological imagination* among current scholars of aging and the next generation of gerontologists by encouraging a broad, interdisciplinary understanding of aging.

Janet M. Wilmoth
Kenneth F. Ferraro
I wish to thank several individuals who facilitated the completion of this project. First and foremost is my coeditor, Kenneth F. Ferraro, who wrote thoughtful substantive reviews and detailed editorial suggestions on all of the chapters, and the chapter authors who graciously adhered to the rigorous deadlines and completed the requested revisions. Their hard work and insight have produced an exceptional set of chapters. Second, I wish to acknowledge Kelly Bogart and Alison Kirsche, both of whom are administrative assistants in the Center for Policy Research at Syracuse University, Velita Degraft, administrative secretary at the Syracuse University Aging Studies Institute, and Ann Howell, secretary of the Purdue University Center on Aging and the Life Course, who did an outstanding job of copyediting all chapters. Thanks to all of you for your timely and helpful assistance. Third, I would like to recognize Sheri W. Sussman, executive editor, who worked with us as we prepared the manuscript for submission and publication. Your ongoing enthusiasm for this edited volume and patience in shepherding this edition through the publication process is greatly appreciated. Finally, I would like to thank my family, Brian Durkin, Catherine Jean Durkin, and Brian Durkin, Jr., whose understanding, encouragement, and support enabled me to take the time necessary to bring this project to fruition.

JMW
The gerontological imagination is an awareness of the process of human aging that enables one to understand the scientific contributions of a variety of researchers studying aging. In addition, this awareness allows people (not just gerontology scholars) to comprehend the links between biological, behavioral, and social structure factors that influence human aging. (Ferraro, 1990, pp. 4–5)

This edited volume seeks to foster the gerontological imagination by first introducing the reader to what we consider to be key tenets for the scientific study of aging. The volume begins with Ken Ferraro’s classic chapter, “The Gerontological Imagination,” that has aided in the discipline’s advancement by offering a paradigm that articulates the major tenets that are the hallmark of a gerontologist’s worldview. His chapter sets the stage for the subsequent three sections of the book, which include a range of disciplinary perspectives on core gerontological questions related to physical aspects of aging, social aspects of aging, and public policy and service provision.

Part I focuses on the physical aspects of aging. Collectively, the chapters in this section address three core questions: Why do we age? How does aging affect the mind and the body? Can age-related changes be mitigated? David J. Waters and Naomi N. Kariuki provide a biological perspective on the question of why we age in Chapter 2. Drawing on a broad array of literature—from evolutionary biology to research on cellular senescence, longevity genes, the endocrine system, free radicals, caloric restriction, and centenarians—they paint a detailed picture of biogerontology’s key concerns and provide a roadmap for the field’s future endeavors. Chapters 3 and 4 address the question of how aging affects the mind and the body. In Chapter 3, Jacqueline
Mogle and Martin Sliwinski consider how aging affects the mind from the perspective of cognitive psychology. They offer a thorough review of the literature on cognitive aging that distinguishes the contributions of cross-sectional and longitudinal research, explains age-related cognitive deficits, considers the factors that contribute to cognitive aging, and explores the potential of cognitive training. Chapter 4, by Susan Kemper and Ellen Rozek, examines how age-related changes, such as declines in hearing or vision, and medical conditions, such as stroke, Alzheimer's disease, or Parkinson's disease, affect the body in ways that undermine communication. They consider how the age-related changes in cognition can affect everyday communication, provide a critique of commonly used forms of "elderspeak," and identify strategies for effectively communicating with older adults. Chapter 5 by Michael G. Flynn and Laura K. Stewart, considers whether age-related changes can be mitigated through exercise and nutrition. After discussing age-related loss in muscle mass, they consider the various benefits of resistive and endurance exercise, highlight some practical considerations for older exercisers, and explore the role of nutrition in maintaining health in later life.

Part II, which examines the social aspects of aging, answers two core questions: How does social context influence aging and life course development? How do history, culture, and biography intersect to create the life course? Each chapter in this section addresses both these questions from different disciplinary perspectives. Chapter 6, by Karen L. Fingerman, Nicholas A. Turiano, Eden Davis, and Susan T. Charles, addresses these issues from the perspective of developmental psychology. In particular, they focus on the social and emotional aspects of aging, including the complex nature of social ties and emotional development in adulthood. They conclude by presenting an integrated model of socioemotional aging, which they advocate should be used in future research. In Chapter 7, Linda K. George provides an overview of the sociological perspective on aging by reviewing the core principles of life course research, identifying milestones in life course sociology, discussing several themes in life course research, and highlighting the benefits of a life course approach. She argues that life course perspectives offer a richer, more dynamic way to understand human lives and highlight the role of social structure and social context in aging. Joseph T. Marchand and Timothy M. Smeeding present an economic perspective on aging in Chapter 8. After reviewing the basic principles, models, and data economists use to understand aging, they consider how individual choices over the life course and public sector policies shape later-life financial security. Chapter 9, by Janet M. Wilmoth and Natalee M. Simpson, provides insight into aging from a demographic perspective. It highlights what is known about population aging worldwide and the
characteristics of the older adult population in the United States from both formal and social demographic perspectives. The last chapter in this section, by Dena Shenk and Jay Sokolovsky, considers the implications of population aging from a global, cross-cultural perspective. After discussing how anthropologists study aging, they consider the influence of globalization on aging, shifting cultural perceptions of aging, and the ways in which cultural context shapes the aging experience.

Part III considers the issues that are directly relevant to public policy and service provision. The chapters in this section address two core questions: What are the needs and interests of an older population? How are they created and addressed? In Chapter 11, Robert B. Hudson explores the needs and interests of older adults from the perspective of political science. After providing an overview of old age policy development in the United States, he demonstrates how the needs of older people, initially used by policy elites to legitimize establishing social programs, have transformed into interests, which are increasingly organized and politically influential. This provides a foundation for understanding contemporary policy debates. Chapter 12, by Madonna Harrington Meyer and Chantell Frazier, explores how the impact of public policy on older persons and their families varies by race, gender, class, and marital status groups. They provide an overview of Social Security, Supplemental Security Income, Medicare, and Medicaid that highlights the fiscal and policy concerns associated with each program. Deborah J. Monahan and Maria T. Brown offer insight into the issues associated with providing care to the older adults who use these public programs in Chapter 13. They explore the micro, mezzo, and macro levels of social work practice, provide an overview of how gerontological social workers are trained, and review social work competencies associated with serving a diverse elder population in need of medical care, assisted living, end-of-life care, and protective services. In Chapter 14, Sharon A. Brangman and Barbara Resnick expand on some of the issues raised in the previous chapter by explaining how professionals engaged in geriatric medicine and gerontological nursing help older adults manage age-related health changes. After explaining the approach to practice and training issues in their respective disciplines, they consider the challenges associated with managing complex geriatric syndromes, the importance of comprehensive geriatric assessment in developing care plans, and the wide range of topics examined in geriatric research. This section ends with an overview of legal gerontology, which is provided by Nina A. Kohn in Chapter 15. The chapter begins with an overview of the laws affecting older adults that includes a multidimensional model of elder law. Kohn then uses a series of hypothetical cases to demonstrate how a legal perspective can contribute to the gerontological imagination by
identifying considerations that may have been overlooked, revealing resources that can be used to assist older adults, and developing a more nuanced understanding of the ways in which social context influences older adults.

The intent of these chapters is not to provide a detailed review of the age-related research in each discipline. Instead, the chapter authors were asked to consider the following questions:

1. How does your discipline approach gerontological inquiry? What types of questions are asked? What topics are of interest? What theories and methods are used?

2. What contribution does your discipline make to gerontological inquiry? Which core questions about aging is your discipline attempting to answer? What is known and what are the cutting-edge topics in this area?

3. How is your disciplinary approach to studying aging similar to and/or different from other disciplinary approaches? Are there similarities in terms of topics of interest? How does the knowledge generated by other disciplines inform your understanding?

Essentially, these chapters provide a self-reflective discussion that acknowledges the contributions, limitations, and biases of each discipline’s approach to aging scholarship. In addition, the chapters offer insight into how researchers and practitioners in particular disciplines think about aging. It is our hope that collectively these chapters will facilitate the reader’s development of gerontological imagination by highlighting the unique contributions particular disciplines make to gerontological inquiry and demonstrating that multiple perspectives are required to answer the core questions in our discipline.

**REFERENCE**

How do gerontologists think about the aging process? Dozens of scientific disciplines are involved in advancing our understanding of why we age and how the aging process affects human functioning and social arrangements. Indeed, no one field can claim ownership of the field of gerontology; and various disciplines emphasize distinct elements of what the aging process entails. The multidisciplinary nature of the field of gerontology is part of its vibrancy. At the same time, one wonders if there are any common intellectual threads that are woven into the fabric of gerontology. I contend that there are some common threads and seek to make them explicit. In the process of identifying key elements of how gerontologists think, I articulate what may be called a gerontological imagination.

It has been commonplace for scholars interested in research on aging to claim that gerontology is a field of study that lacks a paradigm, a fundamental image of its subject matter (Achenbaum, 1987, 1995; Maddox, 1987). The claim was reasonable and may be so to this day, but there are also seeds of the development of a paradigm for gerontology. The lack of a paradigm is not unusual for social sciences, but it is not as common in the physical sciences (Ritzer, 1975). In a situation in which there are several paradigms in a field, there is competition and intellectual conflict among scientists as to the fundamental image of the subject of study. Despite considerable divergence within a field characterized as a multiple paradigm science, there are obviously many unifying concepts, methodologies, and strategies for interpretation. Yet these do not necessarily constitute a shared paradigm.

It is widely recognized that gerontology is a multidisciplinary enterprise, but problems arise in the articulation of its basic image of aging. The purpose of this chapter is to clearly identify some of the
key elements in the conceptual framework utilized in the scientific study of aging. In addition, this chapter seeks to (a) stimulate thought in the field of gerontology toward developing a paradigm within the field; and (b) provide the basic ideas and themes that currently guide scientific research on aging.

To approach this task from a different perspective, one might ask, what is a gerontologist? Although many would agree that a gerontologist is a person who engages in the scientific study of aging, there is still no consensus as to what constitutes professional education for gerontologists. Indeed, there have been heated debates about efforts to standardize the curriculum for preparing a gerontologist. Although the Association for Gerontology in Higher Education has vigorously pursued the development of curriculum standards, certification, and a “program of merit” designation, others have countered that such endeavors are ill-advised, for a couple of reasons. First, because we do not yet have a paradigm for gerontology, it is unlikely that we can effectively shape educational standards for this field. In other words, perhaps the paradigm should precede the educational standards. Second, some would argue that there is no such professional role properly labeled “gerontologist.” Rather, because gerontology is multidisciplinary, and must remain so, what we want to aid is professional development in those primary disciplines—sociology, psychology, nursing, and social work, as examples—with accompanying expertise in gerontology.

I choose to sidestep the issue of whether gerontologists do or should exist, in order to focus on the more relevant question in the development of gerontology, specifically what fundamental image needs to be fostered for anyone studying aging, regardless of his or her professional background or aspirations? That is, can biologists, sociologists, health educators, and political scientists find some common ground for their intellectual work? Ideally, we want a set of axioms from which other thoughts and ideas can be developed.

When we think of the possibility of a paradigm for gerontology, we are not implying that all the details of this emerging science are known. Rather, a paradigm describes a way of thinking, or general organizing principles that map the field. At its broadest level of conceptualization, Ritzer (1975, p. 5) states that a paradigm serves several functions:

1. It defines which entities are (and are not) the concern of a particular scientific community.
2. It tells the scientist where to look (and where not to look) in order to find the entities of concern.
3. It tells the scientist what he can expect to discover when he finds and examines the entities of concern in his field.
Within sociology, Mills (1959) attempted to carve out a way of thinking about social life. His book, *The Sociological Imagination*, is not an encyclopedia of sociology, but it remains one of the finest treatises on how sociologists think about the social world. In other words, a clearly articulated paradigm is the most efficient way of coming to understand a field. In addition, as Kuhn (1962) and Ritzer (1975) pointed out, a clearly articulated paradigm aids the cumulative development of a science, either by incremental development or by revolution.

Although paradigms change, the goal here is to articulate an analytic framework for the study of aging so that it may be challenged, strengthened, and/or refocused. This effort is purposively integrative. As Boyer (1990) asserted, this type of integrative work emphasizes the need for scholars to give meaning to isolated facts, placing them in perspective. “By integration, we mean making connections across the disciplines, placing the specialties in larger context, illuminating data in a revealing way, often educating nonspecialists, too” (p. 18).

The analytic framework developed here may be described as a *gerontological imagination*. The gerontological imagination is an awareness of the process of human aging that enables one to understand the scientific contributions of a variety of researchers studying aging. In addition, this awareness allows people (not just gerontology scholars) to comprehend the links between biological, behavioral, and social structure factors that influence human aging. It is, by definition, a multidisciplinary sensitivity to aging that incorporates the common stock of knowledge from the core disciplines engaged in research on aging.

The basic elements of a gerontological imagination can be viewed as representative of a culture of scientific thinking on aging. This scientific culture has changed and will continue to change, as described in Chapter 2. Moreover, my articulation of the gerontological imagination has also changed since I first wrote about it in 1990. Some tenets remain, but others have been added or substantially revised. Recognizing that paradigms evolve, I offer seven tenets to elucidate what I mean by a gerontological imagination. I reiterate that these are working ideas about our *current* state of knowledge. They will merit revision as knowledge about aging, especially human aging, accumulates.

**ELEMENTS OF A GERONTOLOGICAL IMAGINATION**

**Aging and Causality**

*Aging is not a cause of all age-related phenomena. Thus, gerontologists maintain a healthy skepticism for what factors are attributed to being “age” effects.*
One of the basic ideas in the study of research methodology is that certain conclusions can only be drawn from certain types of research activities. Readers familiar with the logic of experimental designs will recognize that there are special problems with the conclusion that correlated variables have a causal relationship in one direction or the other. While the details of that epistemological issue are not relevant for our current concerns, we should be cautious about interpreting age-related phenomena as being caused by age.

Within gerontology there is widespread dissatisfaction with the use of age as a causal independent variable. This is especially the case in developmental research. Age is a very important marker of life events, life transitions, social context, and resources, but age in and of itself is an impotent causal variable. Jack Botwinick (1978, p. 307) stated this most eloquently:

Age, as a concept, is synonymous with time, and time in itself cannot affect living function, behavior or otherwise. Time does not “cause” anything; it does not have physical dimensionality to impinge upon the sensorium... Time is a crude index of many events and experiences, and it is these indexed events which are “causal.”

Even at the biological level, aging is usually seen as an impotent causal variable. It is not the passage of time that causes cellular or organic changes. Consider the classic Hayflick (1965) experiments on normal diploid human cells. Hayflick observed that regardless of the age of the donor, such cells could only proliferate in culture a finite number of times. In other words, it was not aging per se that was related to cell structure and reproduction, but the number of passages such cells underwent. Cunningham and Brookbank (1988) sum it up nicely: “...the limit on the number of cell doublings in vitro implies that there may be a predetermined life span of cells outside the body that is independent of changes occurring with time [emphasis added] in the body as a whole” (p. 64).

Another way to consider this issue is that aging frequently gets a bad name for things it did not cause. Aging is often considered a “gremlin” that steals vitality and intellectual power from individuals. As Willott (1997) observed, it is not the passage of time—directly related to chronological aging—that causes various declines in human performance. Rather, there are other processes, whether biological, neuropsychological, or social, that are the true explanatory variables in understanding age-related changes. Although many people will continue to conceptualize aging as a gremlin or thief of human vitality and performance, there is now a considerable body of research indicating
that this gremlin may be tamed or subdued through interventions of various sorts.

When one is interested in identifying aging effects, one of the first considerations that a good gerontologist raises is the possibility of cohort (or generational) effects that are known to be age related. (A cohort refers to a set of people born [or experiencing some other event] at the same time.) It may not be growing older, per se, that brings about differences in the degree of political conservatism in a given society; perhaps the time at which individuals were born is more important in shaping these dispositions. People who experienced the politically formative years of 18 to 27 during the Great Depression are probably going to have a different political and economic outlook than those who experienced those same politically formative years during the times of economic prosperity in the 1950s and 1960s.

Before one jumps to the conclusion that a cohort is a better variable to explain age-related differences, it should be pointed out that a cohort, in and of itself, is similar to aging in that it is limited to marking or indexing events in gerontological research. Knowing when a person was born does not give us a wholly adequate picture of the causal relationships among these variables. However, it indexes certain life events, historical experiences, and cultural forms that are probably the “real” causal agents. In that sense, discerning differences between age, period (sometimes referred to as time of measurement), and cohort effects is vital to our understanding of human aging. However, one should maintain a healthy skepticism about attributions of certain changes in human performance or social relationships to aging. In summary, age is a useful categorizing variable in age-related differences for any phenomenon under study. Such knowledge of age differences is important in the cumulative development of knowledge on a subject. However, knowledge that age is related to certain criteria is not satisfactory in an explanatory scientific enterprise. A gerontological imagination can only grow when there is a healthy skepticism about age as a causal variable.

A corollary of this first tenet is that aging is a life process and not a death process. It is clear that aging is related to mortality, but death often gives aging a bad name. Many might regard such a statement as humorous, but it is nonetheless true. It is vitally important to be able to separate death processes from life processes when one is interested in studying the process of aging. Failure to do so is to attribute to aging what is actually due to death or dying. In historical perspective, the high prevalence of death among older people is a relatively recent trend among modern societies. I conceptualize aging as a life process primarily because of the need to distinguish various types of causal effects in age-related research.
An excellent illustration of how dying may make the aging process look bad derives from the concept of terminal drop. Kleemeier (1962) pioneered this concept by studying the relationship between test performance and survival. He observed declines in test scores of men on several occasions over the course of 12 years; however, what was most striking was that the decline was much greater for those who died after one of the data collection periods than for those who survived during that same interval.

Contemporary gerontologists have come to identify terminal drop (or terminal change) as referring to decrements in social, psychological, or biological functioning that are not functions of time since birth—age—but of the amount of time before death. Researchers hold that terminal drop indicates that there is a determinant chain of behavioral changes that are really due to a death process (Ferraro & Kelley-Moore, 2001; Riegel & Riegel, 1972). Distinguishing between aging effects and terminal drop is critical for our image of the aging process, especially during the later years. Riegel and Riegel suggested that if we eliminate people who do not survive at least 5 years after testing from the analysis of age differences, many of the so-called age declines derived from cross-sectional research would disappear (see also Botwinick, 1977; White & Cunningham, 1988).

Thanatology, the study of death and dying, is an intellectual enterprise separate from gerontology. Although it is helpful to be aware of death and dying in the study of aging, we are not primarily interested in those processes. Instead, we are interested in distinguishing between aging and death processes in order to better understand each one.

Aging as Multifaceted Change

Aging involves biological, psychological, and social changes in individuals at varying rates. The transitions associated with growing older are probably not linearly related to chronological age, and the process of aging itself is also multidimensional in nature.

The approach to the study of aging must recognize the dynamics of aging and the multidimensionality of this dynamism. Nathan Shock, the pioneering biologist of aging, felt that “aging is a dynamic equilibrium. The rates of aging differ for various systems in any given organism, however, it is the whole organism that ages and dies” (see Baker & Achenbaum, 1992, p. 262). We see an aging organism, but there are many systems that are aging at different rates (i.e., multifaceted change).

Drawing from a sociological framework, Featherman and Petersen (1986) reached a parallel conclusion by noting that there are special problems in attempting to mark or track individual aging. First, they
note that growing older is rife with change. Aging entails changes, but not all of these changes are either progressive or detrimental. Second, “aging is a process that reflects duration in state” (1986, p. 342). Thus, while aging is a lifelong process, from birth to death, the transitions identified throughout the life course are held for certain periods of time. In other words, we should be interested in the length of time that individuals occupy certain states or possess certain qualities. According to Featherman and Petersen, recognizing such duration dependence gives us a better sense of the pace of individual aging within the various spheres of human life, whether biological, psychological, or social.

In addition, aging is a process of “embedded dynamisms” because biological and psychosocial aging occur interactively. The changing organism faces social and cultural context that also changes. This leads Featherman and Petersen (1986) to conclude that “there are many clocks that time us” (p. 343). It is intriguing how similar this sounds to the statement by the biologist Nathan Shock, but sociologists obviously focus more on population processes that encompass interindividual commonality and diversity. There are, indeed, elements of common intellectual ground, and this is one tenet upon which there is considerable agreement.

Genetic Influences on Aging

The imprint of genetics on development and aging is substantial. Genetics influences not only longevity, but biological and behavioral processes across the life course.

Although the influence of nature and nurture on aging has long been debated, evidence from studies with a variety of organisms, from yeast to humans, clearly shows that genetic influences on the aging process are undeniable. In human populations, the evidence comes primarily from two types of studies: (a) genealogical or family lineage and (b) twins. Studies of centenarians and nonagenarians reveal that they often have family members who also achieved exceptional longevity (Perls et al., 2002). Twin studies compare people who are genetically identical (monozygotic twins), including those reared apart, and people who are fraternal twins (dizygotic twins). The evidence is fairly consistent that the longevity of identical twins is more similar than is the case for fraternal twins. The emerging consensus is that genes account for about 25% of what determines longevity (Cournil & Kirkwood, 2001; Martin, Austad, & Johnson, 1996; Vijg & Suh, 2005).

The link between genes and longevity is likely via modifications in metabolism and resistance to oxidative stress (Vijg & Suh, 2005). It appears that the genetic determinants of longevity are principally
those that affect cellular maintenance and repair, either directly or indirectly (Kirkwood, 2002). For instance, genes may help blunt the impact of oxidative damage on the organism. Moreover, evidence from the Human Genome Project reveals that genes play a critical role in enabling the organism to avoid diseases including cancer and cardiovascular disease. Indeed, some have argued that it is not that genes program for longevity, per se, but that some genes help organisms avoid disease, thereby lengthening life. It is also possible that genes may confer beneficial effects for selective survival, even if they eventually have deleterious effects on the organism—what is referred to as antagonistic pleiotropy (Kirkwood, 2002; Williams, 1957).

A gerontological imagination requires an awareness of genetic destiny in the way in which an organism ages. This is not to privilege genetics above environmental or behavioral factors, because there is ample evidence that environments substantially influence the actions of genes. Rather, the value of genetic awareness is that there may be limits to an organism’s ability to benefit from lifestyle changes or environmental improvements. Some diseases, for instance, sickle-cell anemia, are strongly influenced by genetics. The prevalence and course of other diseases may be only partially shaped by genetics. Gerontology is enhanced by the systematic consideration of the role of gene/environment interactions in the course of human aging.

**Aging and Heterogeneity**

*Age is positively associated with heterogeneity in a population.*

In George Maddox’s (1987) Kleemeier lecture to the Gerontological Society of America, he considered the heterogeneity of the older adult population to be one of the fundamental axioms in his study of aging. Although it is convenient to utilize age as the categorizing variable for analyzing human life, just because people are the same age does not necessarily mean that they have many things in common. This is especially the case as we consider the life course, because many scholars have come to agree that people become less alike as they grow older. In statistical terms, means (averages) of traits may vary over the life course, but standard deviations on such traits will often be larger in the advanced years. Childhood and youth are extremely age-graded times of life. While we all experience various normative life events, the non-normative events accumulate over time and are often quite influential in shaping lives, creating more diversity between individuals.

The fact that older people are a diverse population has led one social scientist to caution investigators about the use of the mean, or average, to describe older adults. As Quinn (1987) so aptly states,
“The most important characteristic of the aged is their diversity. The average can be very deceptive, because it ignores the tremendous dispersion around it. Beware of the mean” (p. 64).

Empirical illustrations of this phenomenon abound. Maddox demonstrated this phenomenon in several ways in health research, including the study of functional impairment trajectories in later life. Hayslip and Sterns (1979) examined a number of tests for age differences in crystallized and fluid intelligence and problem solving. While some age differences occurred across the ages, showing older adults with lower levels, the striking finding of their research was that the standard deviations on almost all of the measures examined were much greater for older adults than for younger ones. Methodologically, we should be sensitive to differences in the variance of scores across age groups as well as to differences in mean scores. Current cohorts of older adults are very diverse, and there is little reason to expect that such diversity will shrink in future years.

Although there is a tendency toward certain functional declines with aging, there are substantial individual differences in the rate of such declines. In addition, many functional abilities can be strengthened or maintained with intervention. One should not conclude that age inevitably brings a decline in human structure and function. Willott, Jackson, and Hunter (1987) present evidence that aging does not always lead to a decline in the size of neurons, as is commonly believed. Instead, they found that (a) no inevitable change in neuronal size need occur and (b) some neurons actually increase in size with aging.

The concept of normal aging has gained considerable currency in gerontology, but it also has its limitations. It is valuable for distinguishing normal aging from age-related changes that are really pathological in origin. Just as we noted that aging is a life process and that we must distinguish it from death processes, so also we must distinguish aging from disease processes. The insightful work of Rowe and Kahn (1987) indicates that “the emphasis on ‘normal’ aging focuses attention on learning what most older people do and do not do, what physiologic and psychologic states are typical. It tends to create a gerontology of the usual” [emphasis added] (p. 143). Rowe and Kahn assert that we are ready for a new conceptual distinction to move the field of gerontology forward. They feel that the distinction between aging caused by pathological factors and normal aging is a useful one, but they assert that the normal aging concept is quite broad in and of itself.

Some of the weaknesses in the term normal aging include a neglect of (a) heterogeneity among older people undergoing normal aging; (b) the implication of risk or harm associated with normal aging; and (c) what is modifiable within the sphere of normal aging (Rowe & Kahn, 1998). Therefore, they recommend the division of normal aging
into successful aging and usual aging. They note that there are certain tendencies toward functional declines with aging, but that there are individuals who have grown older without such functional declines. They suggest that these individuals might be regarded as aging successfully with regard to the particular trait or characteristic under study. By contrast, people who show typical nonpathological, age-linked losses would be characterized as experiencing usual aging.

There are problems with their proposed conceptual distinction; chief among them is that the term usual is seen as describing the residual of successful aging. Does usual aging mean unsuccessful aging? Regardless of the preferred terms to describe the phenomenon, Rowe and Kahn should be commended for emphasizing the heterogeneity observed in older adult populations as well as the recognition that many traits can be modified through appropriate interventions. The concept of modifiability is directly linked to the heterogeneity of a population, as Maddox (1987) points out: “Heterogeneity constitutes prime evidence of the modifiability of aging processes and hence the potential for intentional modification of these processes” (p. 562). Hence, heterogeneity of older adult populations and modifiability of the aging process may be two sides of the same coin.

Evidence now abounds from research on information processing that older adults can perform well on many intellectual tasks they were previously thought unable to do. Baltes (1993) concluded from an extensive review of research on the aging mind that for some types of cognitive function (i.e., cognitive pragmatics), “there is evidence for stability and positive change in persons who reach old age without specific brain pathology, and who live in favorable circumstances” (p. 580). Other research shows the value of intervention on cognitive functioning such as in the case of being offered special instructions or coaching. Suffice it to say that many of the assumptions we have had about performance decrements over the life course are neither pathologically induced or necessarily “normal.” If appropriate interventions can be modeled, many of the so-called declines in psychological and biological functioning can be abated (Baltes, 1993). By Willott’s (1997) analogy, the gremlin can be slain, tamed, or at least caged. This also suggests the value of searching for the origins of heterogeneity among the events and experiences earlier in the life course.

Aging and Life Course Analysis

Aging is a lifelong process, and using a life course perspective helps advance the scientific study of aging.

As noted earlier, Shock advocated for studies over the entire life span (Baker & Achenbaum, 1992). Both developmental psychologists
(e.g., Baltes, Reese, & Lipsitt, 1980) and sociologists (e.g., Elder, 1994; Riley, 1987) helped build this emphasis on study of the life span or life course as an entity. And as shown in Chapter 2 by Waters and Kariuki, many biologists use animals with a short life span to study development and senescence. Life course studies are helpful in their own right, but are they an integral part of the gerontological imagination? Why is the life course perspective relevant to gerontologists?

Aging involves a series of transitions from birth to death, with both advantages and disadvantages. According to Riley (1985), “Aging is a lifelong process of growing up and growing older from birth to death, moving through all the strata in society; it is not simply growing old beyond some arbitrary point in the life course” (p. 374). As noted earlier, gerontology as a field has changed from just studying older people to studying the process of growing older. Critical to the gerontological imagination is an awareness that aging is a lifelong process involving transitions from birth to death (Elder, 1994). This has become widely recognized in psychology as the life span perspective or life span developmental perspective on aging. Sociologists prefer to use the phrase life course perspective, in part because the concept of life span is widely used in biology to refer to maximum longevity. Although the preferred phrase may be debated, gerontologists who do not use a life course or life span framework may be disadvantaged in their conceptual and empirical endeavors. Why? Because if there are early origins of the heterogeneity observed in older adult populations, then failure to adopt a longer or life course perspective may lead to a gerontology of temporal proximity.

Aging in society involves numerous transitions, as others expect certain things of individuals at certain ages. Certain roles must be taken up, while other activities and roles are laid down. Thus while age, as a variable measured in chronological years increases at equal intervals, aging, as a life process involving transitions, is not necessarily linear. Rather, much of what we know about the life course is at certain seasons of an individual’s life, and certain ages play more pivotal roles than others in shaping the individual’s biological, psychological, and social life.

Turning 16, 21, 50, 65, or 100 all have special meanings in U.S. society, and there are other ages throughout the world that are similarly recognized as pivotal in the life course. On the biological side, there are important life stages related to reproduction. It is hard to overstate the importance of puberty, fertility, and menopause as markers of key life course stages shaping the way we age. If we are interested in the process of growing older, we would be wise to recognize earlier transitions in a person’s life as well as the environmental context of these transitions. Moreover, the very process of aging varies in sociocultural space and time (Elder, 1994).
The stock of knowledge in gerontology clearly shows the utility of information from earlier life in predicting attitudes, personality, behavior, or health in later life. The emergent life course epidemiologic perspective seeks to identify the early origins of disease and disability (Lynch & Smith, 2005). For health gerontology, the idea is that the best models of health in later life will incorporate elements of early life—from birth and middle age to the early periods of later life. According to Wadsworth (1997), there is growing interest in taking a “lifetime view of the natural history of some common serious illnesses which usually begin in middle or later life” (p. 860). For instance, Schafer and Ferraro (2012) recently demonstrated that accumulated childhood misfortune (e.g., abuse, financial strain, absence of a father, poor health) reduced the likelihood of avoiding disease—a crucial element of successful aging. As a result, the authors conclude that “efforts to alleviate adverse experiences for children may have long-term benefits for successful aging” (p. 111).

The logic of life course analysis applies to many fields of inquiry besides health. It is clear that studies of asset accumulation also reveal the value of a good start in the race toward economic well-being. Studies of health and wealth are adding to the orientation that studying aging as a process—from birth to death—is scientifically advantageous. There is still value in what might be described as cohort-centric studies, those that examine selected age groups such as 65+ or 75+, but the recognition is growing among gerontologists that the logical next step after the cohort-centric studies is to conduct panel studies of multiple cohorts.

**Aging and Cumulative Disadvantage**

*Disadvantage accumulates over the life course, thereby differentiating a cohort over time.*

Research on a wide array of topics shows the importance of early advantage or disadvantage on the aging process (Dannefer, 2003; O’Rand, 1996). Gerontology benefits from recognizing how disadvantage accumulates over the life course, both for studying intraindividual change and cohort differentiation (Dannefer, 1987).

Life course studies point to a wide array of biological and social forces that differentiate a population over time, but the concept of cumulative disadvantage helps one to see how trajectories arise from early inequalities. This view of the life course typically shows that some persons are advantaged in their early years, and this advantage compounds over time. Others are disadvantaged because of genetic or environmental factors, and these disadvantages also accumulate. They
might compensate for the early disadvantage by working harder or enduring more, but the challenges they face are clear.

In a sense, disadvantages may “scar” the person’s life chances (Preston, Hill, & Drevenstedt, 1998), and many of the inequalities observed in later life were actually established earlier. For instance, racial inequalities in health do not emerge during later life. There are well-documented racial differences in health at birth, in infancy and childhood, and throughout most of adulthood (Ahmed, 1994; Ferraro & Farmer, 1996; Ferraro, Thorpe, McCabe, Kelley-Moore, & Jiang, 2006). If gerontologists systematically examine the accumulation of disadvantage—whether it is oxidative damage or financial stress—they will be better positioned to observe how heterogeneity results, in part, from early inequalities. Gerontology is not simply the study of older people, but includes research on how early disadvantage shapes later life. It is incumbent upon gerontologists to consider using a “wide-angle lens” to identify the accumulation of risk factors across the life course.

At the same time, one should not accept a simple model of determination because of the accumulative of early adverse experiences. Gerontologists look for early origins of the outcomes under consideration, but the effects of early disadvantages are not inexorable; instead, trajectories have a certain degree of plasticity. Some people experience adversity and are scarred; others experience adversity and emerge strengthened or “weathered” by the experience—perhaps helping them to deal with a future adverse event (Elder, 1974). As a result, gerontologists should attend not only to instances of accumulated disadvantage but also those instances when disadvantage does not accumulate (Schafer, Shippee, & Ferraro, 2009). To capture these contingencies, Ferraro and Shippee (2009) have articulated a cumulative inequality theory that gives priority to how resources may be activated to counteract previous disadvantage.

Studying such life course challenges and adjustments also enables one to examine the possibility that feedback mechanisms and cyclical change often occur over the life course. The growing use of longitudinal data is pointing precisely to such mechanisms of spiral decline. The key is to examine the long-term antecedents of declines in later life.

**Aging and Ageism**

*There is a propensity toward ageism in modern societies; ageism may also exist among elderly people or those who work with or for elderly people. Even scholars interested in aging may manifest ageism.*

Gerontologists should be aware of the prejudice and discrimination directed toward older people. The emergent paradigm of the
gerontological imagination is dependent upon the social and intellectual climate. Achenbaum (1987) claims that gerontology should be comparative in nature; thus, it is important to note that societies and social structures have different images of, and norms regarding, growing older. Several scholars have noted, when comparing societies, a tendency toward ageism in modern societies (e.g., Fry, 1997).

Pat Moore offered a stunning illustration of the problem of ageism in U.S. society as well as other modern societies in a 3-year participant observation study. Moore, a 26-year-old industrial designer at the time, disguised herself as an older person to more fully experience what it means to be an older person in the United States. Perhaps the reader will recall Griffin’s (1960) potent revelations in the book Black Like Me, an account of a White man who underwent cosmetic changes to make himself look Black and then experienced the cultural and social life of being in a minority group. Just as Griffin staged a racial transition, Moore staged an age transition. With the help of a professional makeup artist, she disguised herself as an older person and traveled throughout the United States and Canada over several years in a variety of settings. She varied the “old” Pat Moore by portraying different levels of social standing: a poor old woman, a middle-class old woman, and a relatively wealthy old woman.

Moore’s reflections regarding this experience, described in her book Disguised (1985), are most illuminating for understanding ageism in modern societies. She was both loved and hated, welcomed and spat upon. Some individuals recognized her situation, and in some cases her plight, and offered assistance unconditionally. Others found her easy prey for mugging or did not extend common courtesies shown to others. In one situation, she purchased a typewriter ribbon from the same store on two consecutive days, but on one day she was the older Pat and on the next she was the younger Pat. She acted identically on both days, and even wore the same dress on the two occasions. Mouthing the same words, one day and the next, appearing as the older Pat Moore and then as the younger Pat Moore, she received incredibly different reactions from the same clerk. Unfortunately, the clerk was condescending and curt with the older Pat but affable and gracious with the younger Pat.

Lest we think that businessmen and teenage gangs are the only ones who have ageism in their veins, Pat Moore also visited conferences on aging, where other gerontologists, social scientists, and planners were in attendance. As an older person in the midst of a gerontology conference, she frequently experienced exclusion and neglect! Ageism runs deep and, unfortunately, it continues to reemerge despite efforts to eradicate it.
People who contact or work on a daily basis with impaired older individuals or those suffering from various forms of disadvantage may be particularly likely to be ageist in their orientations. Such ageism may not turn into discriminatory actions, but rather spur kindness and self-sacrifice for the older adult. Clinicians frequently see those with serious problems; thus, the clinical perspective in gerontology can be misleading if it leads to a mindset of aging as steady progress toward disease, disability, and death. Older adults are a very diverse population. The majority of older adults in the United States are relatively healthy, relatively independent, vibrant, and alert. If all service professionals do is work with older adults who do not commonly display these characteristics, we may fail to recognize the diversity within this population. The relatively healthy and independent older adults are the so-called invisible elders. The ones that receive the most media attention are the more extreme cases—usually the extremely disadvantaged, but also, occasionally, the exceptionally successful older adult.

One thing that sociologists have taught us regarding racism, sexism, and ageism is that they are institutionally based phenomena. In other words, social structures may exist that maintain or reinforce ideas and actions based on some form of prejudice or discrimination (Minkler, 1990). Because these phenomena are institutionally based, it is entirely conceivable that members of minority statuses will hold some of the same ideas and may, in fact, also engage in discriminatory behaviors. Women are often held captive to the vestiges of sexism in society. African and Hispanic Americans may similarly be victims of ideas and actions that devalue their status. It is most unfortunate when these phenomena are internalized by the individuals at whom they are directed so that they exhibit them, as well. Ageism may be lodged most deeply in the minds of individuals who are approaching advanced ages. Self-effacing behavior—on the basis of age—by older adults is just one illustration of the depth of the problem.

We expect certain behaviors of individuals at certain ages, and these constrain opportunities in social life. Fortunately, there are some signs that as a society we are becoming more willing to accept asynchronisation over the life course. While age norms are still structured in the very early ages, we are growing more tolerant of people in middle and later life engaging in behaviors atypical for their age.

As I mentioned earlier, ageism is unfortunately reappearing in new forms. Gerontologists and activists for older adults often felt that they had made great strides in stemming the tide of ageism in U.S. society. One must watch recent developments in social policy, however, to see if ageism is lodged within positions on social issues. For example, discussions of rationing health care may devalue medical care for older
adults because of perceived length of life. A second example of potentially ageist policy initiatives can be seen in the activities of groups touting generational equity. For medical care as well as for employment opportunities and Social Security, the generational equity debate often pits the needs of children against the needs of older adults. Gerontologists understand the gravity of neglecting children’s needs, but they also understand that one cannot dismiss an entire population group just because of age.

A FLUID IMAGINATION

There is no claim to a reified gerontological imagination in this essay; rather, this chapter has attempted to articulate the major tenets of a gerontological imagination. Such an imagination will, of course, undergo change, and that is a healthy process. This book is intended to help shape a gerontological imagination and work toward the definition of a paradigm in the study of aging. To this end, I welcome challenges or additions to this definition of a gerontological imagination. The intellectual climate for this discussion is vibrant, and the policy issues before us demand vigorous attention. It is hoped that this chapter and this volume will serve to clarify our fundamental image of what aging is and what we can do to enhance the experience of those fortunate enough to grow older.

REFERENCES


