Reconstructing Old Age is a timely and authoritative contribution
to current debates in social gerontology and social theory.
Chris Phillipson outlines the changing contexts and experiences
associated with later life as we move into a new century,
and reviews the different theoretical explanations that attempt
to define these changes.

Phillipson argues that in late modernity changes to pensions,
employment and retirement, and intergenerational relations,
are placing doubt on the meaning and purpose of growing old.
Later life is being reconstructed as a period of potential choice,
but also one of risk and danger.

This book will be essential reading for students and academics
in social gerontology, as well as for students and academics in
sociology, social policy and related disciplines interested in the
future of an ageing population and the future of social gerontology.

*This is an important and insightful book which covers profound
issues relevant to everyone in the last gasp of the twentieth
century. Its major strength is reviewing the ideas and issues
about the place of older people in society.*
                    John Vincent, UNIVERSITY OF EXETER

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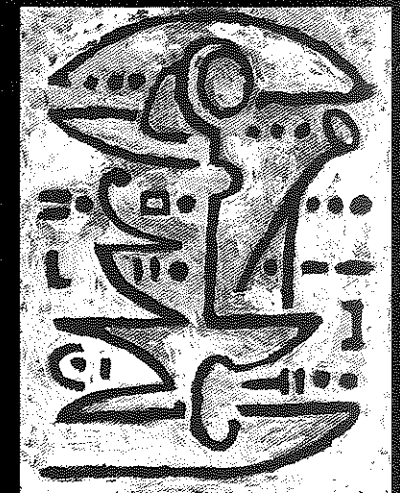and Social Gerontology, KEELE UNIVERSITY, UK.

Reconstructing Old Age

New Agendas
in
Social Theory
and
Practice

PART I

CRITICAL PERSPECTIVES

2

THE DEVELOPMENT OF CRITICAL GERONTOLOGY

In the 1990s, three important streams emerged in the growing debate about the nature of an ageing society. First, the continuation of political economy perspectives, this emerging from early work from Estes (1979), Walker (1981), Guillemard (1983), and others (see Minkler and Estes, 1991 and 1998; Phillipson, 1991; Estes, 1993, for reviews of this area).

Second, there is the work of researchers from the humanities, with important studies from scholars such as Thomas Cole, Harry Moody, Andrew Achenbaum and Andrew Wernick. Some of the main perspectives from this tradition were brought together in a number of volumes published in the early 1990s, these combining the research of historians, ethicists, and other scientists (see, especially, Cole et al., 1992; Cole et al., 1993; Schaie and Achenbaum, 1993; Bengston and Achenbaum, 1993).

Third, there is the emergence of biographical and narrative perspectives in gerontology, this building on the work of Malcolm Johnson (1976) and Jaber Gubrium (1986). Advocates of this approach have made important contributions to critical gerontology (see, for example, Gubrium, 1993), as well as extending our knowledge about the social construction of later life (Ruth and Kenyon, 1996a).

Taken together, these intellectual trends may be seen as illustrating the emergence of a critical as opposed to traditional gerontology (Phillipson and Walker, 1987; Baars, 1991). The critical elements in this gerontology centre around three main areas: first, from political economy, there is awareness of the structural pressures and constraints affecting older people, with divisions associated with class, gender and ethnicity being

emphasized (Estes, 1993). Second, from both a humanistic as well as a biographically orientated gerontology, there is concern over the absence of meaning in the lives of older people, and the sense of doubt and uncertainty which is seen to pervade their daily routines and relationships (Moody, 1992). Third, from all three perspectives, comes a focus on the issue of empowerment, whether through the transformation of society (for example, through the redistribution of income and wealth), or the development of new rituals and symbols to facilitate changes through the life course (Kaminksy, 1993).

Critical gerontology in fact draws on a variety of intellectual traditions, these including: Marx's critique of political economy; the Frankfurt School (Adorno, Horkheimer and Marcuse), and more recent researchers from this tradition such as Jürgen Habermas (1971; Moody, 1992); psychoanalytic perspectives (Biggs, 1997); as well as contemporary sociological theorists such as Anthony Giddens (1991). These different approaches are used both to challenge traditional perspectives within gerontology, and to develop an alternative approach to understanding the process of growing old.

Central to the idea of a critical gerontology is the idea of ageing as a socially constructed event. In respect of political economy, this is seen to reflect the role of elements such as the state and economy in influencing the experience of ageing. In relation to the humanities, the role of the individual actively constructing his or her world is emphasized, with biographical approaches emphasizing an interplay between the self and society (Kenyon, 1996). The idea of *lives* as socially constructed is perhaps the key theme of critical gerontology, with different points of emphasis depending on the approach taken.

Despite the growth of critical perspectives, it is clear that several uncertainties need to be faced if the scope and ambitions of this approach are to be fully realized. The meaning of critical gerontology is itself somewhat evasive, with its construction around a variety of discourses within the humanities and social sciences (Green, 1993; Biggs, 1997). At its simplest, critical gerontology, as Baars (1991) puts it, is concerned with: '. . . a collection of questions, problems and analyses that have been excluded by established [mainstream gerontology]'. These vary from questions about the role of the state in the management of old age (Townsend, 1981), to issues about the purpose of growing old within the context of a postmodern life course (Cole, 1992).

The focus of this chapter is on identifying the range of theories and perspectives contained within critical perspectives. The chapter will conclude with an assessment of the progress in this field, especially in respect of extending our knowledge about the contemporary crisis facing older people in the developed world.

Disengagement theory and social gerontology

Critical gerontology must be seen, in part, as a response to the limitations of traditional theorizing in the study of old age. At least up until the 1960s, the dominant approach was to focus upon ageing as a problem arising from concerns and anxieties residing within the individual. The key theoretical ideas, developed by researchers such as Cavan et al. (1949) and Havighurst (1954), were built around concepts of individual 'adjustment', 'activity', and 'life satisfaction'. Lynott and Lynott argue here that:

These concepts were to be understood to be a working language describing the central process of growing old. They were not part of a formal theoretical system whose major problem was whether or not it provides an adequate explanation of ageing. Rather, the concepts were treated as the 'facts' of growing old . . . [Ageing] was seen as a process whereby individuals – not social systems, structures of domination or ideologies – hope to alter themselves in some way to deal satisfactorily with their experiences. The problem was not retirement, poverty, ill health, and/or social isolation *per se*; these were the conditions, seemingly 'natural ones'. Being natural, they were accepted by the researchers as the way things were, the facts of elderly life. (1996: 750)

It was precisely the 'naturalness' of the concerns facing older people that came to be questioned from the 1970s onwards. Other theoretical perspectives had, of course, emerged to provide an account of the experience of old age. Disengagement theory (Cumming and Henry, 1961), for example, led the way in providing an account which related the changing needs of the individual to those of the social system. The theory was developed in the late 1950s by a group of gerontologists associated with the Committee on Human Development at the University of Chicago. The group included Havighurst, Neugarten, Cumming and Henry. The researchers considered that properly to understand old age, elderly people had to be studied within their own environments as opposed to hospitals or nursing homes. The environment selected was Kansas City, Missouri, a large metropolitan centre. Here, a panel of people aged 50 and over were chosen as subjects, and interviewed over a number of years. The theory of disengagement was derived from analyses of these interviews.

The central postulate of the theory has been summarized by Cumming and Henry as follows:

Ageing is an inevitable mutual withdrawal or disengagement resulting in decreased interaction between the ageing person and others in the social system he belongs to. The process may be initiated by the individual or by others in the situation. The aged person may withdraw more markedly from

some classes of people while remaining relatively close to others. His withdrawal may be accompanied from the outset by an increased preoccupation with himself; certain institutions in society may make the withdrawal easy for him. When the ageing process is complete the equilibrium which existed in middle life between the individual and his society has given way to a new equilibrium characterized by a greater distance and an altered type of relationship. (1961: 14)

A key assumption in the theory concerned the way in which what was termed 'ego energy' declines with age. As the ageing process develops, individuals were seen to become increasingly self-preoccupied and less responsive to normative controls. The theory is predominantly a psychological one, although references to social components locate it within functionalism in theory and conservatism in political ideology. The sociological premise is that, since death occurs unpredictably and would be socially disruptive if people 'died in harness', there is a functional necessity to expel from work roles any older person with a statistically higher risk of death.[1]

Disengagement theory, while heavily criticized by researchers, was of considerable significance in developing theoretical debates around the social dimension of ageing. Passuth and Bengston (1996) suggest that it was the first formal theory that attempted to explore the relationship between individual and social aspects of ageing. Disengagement theory also stimulated a range of complementary as well as alternative theoretical approaches, these including: modernization theory (Cowgill and Holmes, 1972); exchange theory (Dowd, 1975); life course perspectives (Neugarten and Hagestad, 1976); and age stratification theory (Riley et al., 1972). Although challenging many core assumptions of the disengagement model, these theories furthered the debate about the experience of growing old, applying in the process central concepts from within the social sciences.[2]

Disengagement theory had a third, and possibly more significant, impact on debates about ageing. For many researchers, conventional theorizing in gerontology itself became part of the research problem. Gerontological research – in its traditional form – was seen to be colluding with a repressive and intolerant society (an issue raised by social activists such as Maggie Kuhn). The concept of disengagement could be viewed, it was argued, as legitimating a form of social redundancy among the old. Zena Blau, an American sociologist, drew support from older people as well as researchers when she argued that:

> The disengagement theory deserves to be publicly attacked, because it can so easily be used as a rationale by the non-old, who constitute the 'normals' in society, to avoid confronting and dealing with the issue of old people's marginality and rolelessness in American society. (1973: 152)

It was precisely the concern identified by Blau which suggested the need for a different kind of gerontology. Traditionally, theory in social gerontology had avoided questioning the social problems and conditions facing older people, a point made by Carroll Estes in her seminal book *The Aging Enterprise*. By the 1970s, however, this came to be questioned in a context of political radicalization and economic recession. The result was the emergence of a different – critical – gerontology, one initially built around ideas drawn from Marxist political economy. The next section of this chapter identifies some influences on this approach and the key arguments advanced by its proponents.

The rise of political economy

The political economy perspective developed in the context of the crisis affecting public expenditure from the mid-1970s onwards (Phillipson and Walker, 1986). Traditional perspectives in gerontology had operated on the assumption of continued growth in state expenditure in areas such as pensions and welfare. The basis for this was undermined, however, with the rise in unemployment and inflation during the 1970s. Alongside this economic collapse was a significant political and economic change, with cuts to public expenditure in general and welfare spending in particular. Given that a substantial proportion of social expenditure was allocated to older people (Myles, 1984), they were inevitably subject to a sustained political attack by right-wing governments in Britain, the USA and elsewhere. This was to bring a significant change in perceptions about older people. The post-war vision of services to the elderly, as a crucial element of citizenship, now faced a significant challenge. Older people came to be viewed as a burden on western economies, with demographic change, especially the declining ratio of younger to older persons, seen as creating intolerable pressures on public expenditure.

A critical response to this crisis came from a number of studies that used a broad political economy approach. These included: *The Aging Enterprise* by Carroll Estes (1979); 'The Structured Dependency of the Elderly' by Peter Townsend (1981); 'Towards a Political Economy of Old Age' by Alan Walker (1981); *Political Economy, Health and Aging* by Estes et al. (1984); *Old Age in the Welfare State* by John Myles (1984); and *Capitalism and the Construction of Old Age* by the present author (1982).

A major concern of these studies was to challenge a view of growing old as a period dominated by physical and mental decline, an approach labelled as the biomedical model of ageing. This model was attacked for its association of age with disease, as well as for the way that it

individualized and medicalized the ageing process (Estes and Binney, 1989). The alternative approach taken was to view old age as a social rather than biologically constructed status. In the light of this, many of the experiences affecting older people could be seen as a product of a particular division of labour and structure of inequality, rather than a natural part of the ageing process. Alan Walker (1981) developed this perspective with his concept of the 'social creation of dependency' in old age, and Peter Townsend (1981) used a similar term when he described the 'structured dependency' of older people. This dependency was seen to be the consequence of the forced exclusion of older people from work, the experience of poverty, institutionalization, and restricted domestic and community roles. Finally, Carroll Estes (1979: 2) introduced the term the 'ageing enterprise': '. . . to call particular attention to how the aged are often processed and treated as a commodity in our society and to the fact that the age-segregated policies that fuel the ageing enterprise are socially-divisive "solutions" that single-out, stigmatize, and isolate the aged from the rest of society'.[3]

The basic tenets of the political economy model have been defined in terms of developing 'an understanding of the character and significance of variations in the treatment of the aged, and to relate these to polity, economy and society in advanced capitalism' (Estes, 1986). Political economy has challenged the idea of older people being a homogeneous group unaffected by the dominant structures and ideologies within society. Instead, the focus is on understanding the relationship between ageing and economic life, the differential experience of ageing according to social class, gender and ethnicity, and the role played by social policy in contributing to the dependent status of older people (Minkler and Estes, 1998). Political economy also gives central consideration to the role of the state as an active force in managing the relationship between the individual and society. Estes (1998: 20) argues that the study of the state is fundamental to understanding old age for three main reasons: first, it has the power to allocate and distribute scarce resources; second, to mediate between the different segments and classes of society; third, to ameliorate conditions that threaten the social order. These activities have, as we shall see, been crucial in the construction of old age, with different points of emphasis over the course of the twentieth century.

The political economy perspective has been applied to a variety of concerns within the field of ageing. First, Graebner, Phillipson and Guillemard used this approach to examine the institutionalization of retirement (see Chapter 5). The retirement experience, its timing and eventual outcome were related to the supply and demand for labour and the production relations of a capitalist society. The growth of state pension schemes was itself related to economic factors, with, for example, the experience of mass unemployment being a stimulus behind legislation in countries such as the USA and Britain.

Second, the political economy model was significant in developing a range of counter-arguments to perceptions of demographic change as a cause of the state's fiscal crisis. Blaming older people was seen as a means of obscuring '. . . the origins of problems [which stem] from the capitalist economic system and the subsequent political choices that are made' (Estes, 1986: 123). Attacks on the burden of the elderly population were seen to legitimize a transfer of responsibilities from the state to individual older persons. At the same time, the class basis of old age policies meant that inequalities were not only maintained but were in fact widened through the encouragement of privatization in areas such as health care and financial support (Estes et al., 1996).

Third, the political economy approach also contributed, as already indicated, to theorizing about the relationship between age, race, class and gender (Estes, 1991; Minkler, 1996). This helped to produce a range of new questions for social gerontologists to explore. For example: how does the individual's lifelong identity change (if at all) with retirement? Are there specific transformations in respect of class and occupational identities? If so, what implications might this have for a political sociology of ageing?

Finally, political economy also provided a critical analysis of the character of health and social services. These were seen to reinforce the dependency created through the wider economic and social system. Welfare services were criticized for stigmatizing older people, compounding their problems through the imposition of age-segregated policies (Estes, 1979; 1993). In practical terms this analysis raised issues about challenging older people's experience of being passive consumers of welfare and medical services. It also raised questions about the relationship of professionals to older people: how far do they challenge the low expectations that elderly people have about services? To what extent do they contribute to the experience of old age as a period of dependency.

The critique of political economy

The political economy perspective is still being developed in a variety of ways by its original proponents (see, for example, Estes et al., 1996; Minkler and Estes, 1998). At the same time, a number of important criticisms have been made of this approach. Three in particular may be highlighted. First, an important concept developed in the theory is the idea of 'structured dependency' (Townsend, 1981; 1986). This draws attention to the way in which social and economic relations foster

passivity in old age. At the heart of this process is the role of the state as a system of control and domination. Accordingly:

> The approach is one whereby society is held to create the framework of institutions and rules within which the general problem of the elderly emerge or, indeed, are 'manufactured'. In the everyday management of the economy and the administration and development of social institutions the position of the elderly is subtly shaped and changed. The policies which determine the conditions and welfare of the elderly are not just the reactive policies represented by the statutory social services but the much more generalised and institutionalised policies of the state which maintain or change social structure. (Townsend, 1986: 2)

This leaves unclear, however, the link between structures at a macro-sociological level, and individual behaviour and action. In this sense, structured dependency could be said to be over-deterministic in its approach, failing to address the way in which individuals could them-selves challenge the impact of different forms of institutional control (Giddens, 1991; Bury, 1995).

Second, political economy has been charged with failing properly to address issues of gender. Bury (1995), for example, points out that the problems experienced by men and women do not arise solely through the operation of the labour market, but are 'part of a set of culture-bound gendered relationships' (Bury, 1995: 20). Political economy has, it is argued, underplayed the impact of gender differences in status and power and, as well, the effects of the cumulative oppression faced by women. This argument almost certainly carries more weight in the UK than the USA, where these issues have been more comprehensively addressed (see, for example, Arendell and Estes, 1991; Ovrebo and Minkler, 1993; Calasanti and Zajicek, 1993; Calasanti, 1996; Ray, 1996). On the other hand, the failure in Britain may be less the problem of the political economy of old age, and rather more the limitations of socio-logical work in general in dealing with gender inequalities in old age (the study by Arber and Ginn, 1991, is a notable exception here).

Third, political economy has been vulnerable to the charge of ignoring broader issues of meaning and purpose in the lives of the old. Focusing on questions of structure has tended to sideline, it is argued, the important moral and existential issues faced by older people. These areas have certainly been more central to the tradition of theorizing represented in the humanities. On the other hand, wider concerns have been explored in debates around generational equity (see Chapter 7), where the idea of interdependency between generations has been a major theme in political economy perspectives (Walker, 1996; Phillipson, 1996; Minkler, 1996).

Despite the above criticisms, political economy has continued to play an important (and subversive) role in monitoring and explaining struc-

tural changes in the welfare state. It has also been pivotal in challenging the 'alarmist' or 'apocalyptic' demography which has become common-place in the 1990s (Robertson, 1998). This development raised a new set of concerns around both societal attitudes and cultural assumptions about the position of older people – what has been termed the 'moral economy' of ageing' (Minkler and Cole, 1998). Awareness of the moral dimension to growing old has become an important issue both within political economy and through the influence of work from within the humanities. An assessment of some of the arguments from this latter perspective will now be considered.[4]

The crisis of meaning

The approach taken by political economy highlighted the role of the state and capital in the construction of ageing as a demographic crisis. Another response has been to locate problems of ageing within a broader paradigm, one linked to the limitations both of western culture and positivistic social and natural sciences. The former has been addressed by Thomas Cole (1992), in his book *The Journey of Life: A Cultural History of Aging in America*. In this study, Cole traces what he sees as the historical shift from viewing ageing as an existential problem, to one focused around scientific and technical management. Cole argues:

> By the early twentieth century, ageing had been largely cut loose from earlier religious, cosmological, and iconographic moorings, made available for modern scientific enquiry. Laboratory scientists and research physicians attempted to cast off religious dogma and mystery surrounding natural processes. Rejecting transcendental norms and metaphysical explanations, they turned to biology in the hope that nature itself contained authoritative ideas and explanations of old age. (1992: 192–4)

Cole argues that ultimately this has proved a dangerous illusion in respect of understanding the nature of ageing. Scientific enquiry cannot replace, he argues, the essential mystery and 'fatedness of the course of life'. By presenting ageing as a technical problem, we have lost sight of the fact that it is 'biographical as well as biological'; that 'old age is an experience to be lived meaningfully and not only a problem of health and disease'. Cole concludes that:

> We must acknowledge that our great progress in the material and physical conditions of life has been achieved at a high spiritual and ethical price. Social security has not enhanced ontological security or dignity in old age. The elderly continue to occupy an inferior status in the moral community marginalized by

an economy and culture committed to the scientific management of growth without limit. (1992: 237)

This position has also been developed by Harry Moody (1988; 1992; 1993), in a series of papers drawing out the implications of a humanistic approach to the study of ageing. Moody is concerned with the development of a critical gerontology that breaks from the positivist tradition, and which acknowledges the central place of meaning and interpretation in the construction of social life. For Moody, the abstract language of social science and the ordinary language of daily experience are tied in ways that demand explication or interpretation. There are no straightforward 'facts', in other words, about social ageing. Moody (1988: 32) illustrates this point by taking what seems to be the 'deceptively simple question: What is it that constitutes retirement? How do we know, for example, how many people are retired at any given time or how retirement behaviour has changed over time?' Moody suggests that answering such questions is somewhat complex, because:

to some extent *retirement* is a shared meaning of social events, an interpretation of *why* an individual no longer participates in the paid labour force. One and the same individual may have been laid off or be partially disabled and may then describe him or herself to a survey researcher as 'retired', whereas others might describe the individual as 'unemployed' . . . The failure of researchers to acknowledge the preinterpreted world is no innocent error. The uncritical acceptance of retirement rates as an unambiguous 'fact' about the social world becomes a kind of mystification of the lived experience of unemployment and chronic illness, and this mystification has political as well as ideological consequences. (1988: 32)

Moody's development of a critical gerontology is to define it against what he sees as its opposite, namely, that of *instrumental gerontology*. This he views as the province of conventional social science, where the emphasis is upon the development of new tools to predict and control human behaviour. Social gerontology, according to this view, is dominated by a form of rationality that seeks to objectify what is essentially a human and subjective experience. Instrumental reason forces us to stand outside ageing as an individual process, suggesting that it can be controlled through a variety of technical interventions. To set against this, the task of a critical gerontology is to reinsert the notion of ageing as a 'lived experience', one which demands a dialogue between the older person, the academic community, practitioners, and other relevant groups. Moody suggests, however, that critical gerontology must go beyond merely a negative critique of current practice and ideology, offering as well its own vision of a different approach. Accordingly:

A critical gerontology must also offer a positive idea of human development: that is, ageing as movement toward freedom beyond domination (autonomy,

wisdom, transcendence). Without this emancipatory discourse (i.e. an expanded image of ageing) we have no means to orient ourselves in struggling against current forms of domination. (1988: 32–3)

Moody calls in fact for an emancipatory praxis (or practice) which can transcend the conventional categories of work, sex roles and age stereotypes. These are seen to circumscribe the possibilities of human development, and to produce a 'shrunken and fragmented view of what the life course might be' (Moody, 1988: 35).

Subjectivity and social research

The concern to 'reinsert' human subjectivity into the study of ageing has prompted several important developments – notably with the encouragement of qualitative and interpretive methods in ageing research. Two examples illustrate this theme: first, the interest in biographical perspectives in the study of ageing; second, the influence of a phenomenologically orientated sociology.

Biographical perspectives have an extensive pedigree in the social sciences, with notable examples including: the symbolic interactionist approach of the Chicago School (Blumer, 1969), and the work of sociologists of the life course such as Thomas and Znaniecki (1966). Johnson (1976), drawing on sociologists such as Erving Goffman and Howard Becker, developed the notion of ageing as a 'biographical career'. He put forward the case for 'reconstructing biographies' in order to identify the development of life histories, and the way that these have 'sculpted present problems and concerns' (Johnson, 1976; see also Thompson et al., 1990). Ruth and Kenyon (1996a) note the influence of Bertaux's volume *Biography and Society: The Life History Approach in the Social Sciences*, this identifying the importance of using biography as a methodological approach within social research.

Subsequently, the biographical perspective was extended by researchers such as Coleman, Birren, Ruth and Kenyon, with the key arguments brought together in a collection edited by Birren et al. (1996) entitled *Aging and Biography*. The view adopted was that biographical approaches can contribute towards understanding both individual and shared aspects of ageing over the life course. Examining reactions to personal crises and turning points could provide researchers with unique insights into the way individuals construct their lives. Equally, however, studying lives provides a perspective on the influence of social institutions such as work and the family. Biographical data thus helps us to understand what Ruth and Kenyon (1996b) refer to as the possibilities and limits set by the historical period in which people live.

Ruth and Kenyon (1996b) summarize the value of using biographical materials as threefold: first, at a general level, they contribute to the development of theories of adult development and ageing; second, they provide a focus on both the public and the personal way in which lives develop; third, they are important in determining ways to enhance the quality of life. Central to the biographical approach is the idea of the 'reflexivity' of the self, or the way in which individuals both influence the world around them, while modifying their own behaviour in response to information from this world. This idea (which strongly parallels the sociology of the self developed by Giddens, 1991, and others) leads to a view that focuses on a 'responsive' and 'changing self'. Ruth and Kenyon emphasize this point in the following way:

> A potentially optimistic feature of viewing human ageing biographically is that there is an openness or flexibility to the human journey . . . While there is continuity, there is also change and the possibility for change. In other words, there may be no necessary connection between the events of our lives, our number of years, and the meaning ascribed to those events; stories can be re-written, plots altered, and the metaphors traded in and traded up . . . according to the needs of the self. (1996b: 6)

As this quotation suggests, narratives or stories are seen to play a central role in the construction of lives. We express what is meaningful about ourselves through the telling of stories.[5] Story-telling is of importance in a wider cultural sense, hence the importance of oral history as a method of communicating the significance of particular lives and communities for society as a whole (the work of Thompson and Bertaux best illustrates this point).

At an individual level, however, the telling of stories is a medium for the integration of lives; for explaining discontinuities as well as continuities. Talking to people about the story of their lives (their 'autobiographies') gives the researcher access to the way in which people 'age from within' (Ruth and Kenyon, 1996b). Invariably, this provides us with a different perspective to that of traditional gerontology, where the physical and social changes accompanying ageing are seen as the primary forces influencing the individual. Against this, researchers such as Kaufman present a more challenging view of the self:

> The old Americans I studied do not perceive meaning in ageing itself; rather, they perceive meaning in being themselves in old age . . . When old people talk about themselves, they express a sense of self that is ageless – an identity that maintains continuity despite the physical and social changes that come with old age. (1986: 6–7)

The emphasis on stories and narratives is especially prominent in the work of the American sociologist Jaber Gubrium (1993). Gubrium is concerned with, as he puts it, 'the manner by which experience is given

voice'. He argues that while a focus on individual thoughts and feelings is important, the context in which these arise must also be studied. Context is being used here to refer to the way in which people both share and develop their own ideas about growing old, and the settings in which meanings are assigned. Gubrium (1993) argues, for example, that we should pay attention to how respondents raise and explore their own questions in response to those of the interviewer. Rather than dismiss their conjectures as so much research debris, the process itself identifies important issues about the construction of ageing:

> When a respondent states that his or her feelings or thoughts about something 'depends', I pay as much attention to the 'what' it depends on and the 'how' of the connection as to the eventual answer. When someone asks me what I mean by a particular question, I believe it important to zero in on how that meaning is mutually worked out. When a respondent states or marks that she both agrees and disagrees with a particular questionnaire item . . . it is important to probe how a single question can have a seemingly contradictory response. Rather than treat the response as methodologically meaningless, I wonder what kinds of questions could make such ostensible contradictions reasonable. (1993: 49)

Gubrium's work acknowledges two important issues about the social reality of ageing: first, certain aspects of ageing remain uncharted and ambiguous for many (if not all) individuals: researchers as well as elderly respondents have in this context the task of working out and reflecting upon the meaning of this stage in the life course. Second, it is also the case that many situations that affect older individuals (or their carers) are literally beyond their experience, thus creating complexities in terms of naming and identifying feelings and beliefs.[6] Much of Gubrium's work has focused on the issue of Alzheimer's disease, examining the way in which the meaning of the illness is derived and communicated. He uses the example of support groups for people with Alzheimer's to show the way in which these can provide a basis for speaking about and interpreting the caregiving experience. For Gubrium (borrowing a concept from social anthropology), the 'local cultures' of residential settings, day centres and support groups will provide important contexts for working through and assigning meanings to particular experiences. In this approach, language is seen to play a crucial role in the construction of reality. Lynott and Lynott make this point as follows:

> Instead of asking how things like age cohorts, life stages, or system needs organise and determine one's experiences, the phenomenologists turn the question around and ask how persons (professional and lay alike) make use of age-related explanations and justifications in their treatment and interaction with one another . . . Facts virtually come to life in their assertion, invocation, realization and utility. From this point of view, language is not just a vehicle for symbolically representing realities; its usage, in the practical realities of everyday life, is concretely productive of the realities. (1996: 754)

Gubrium (with Wallace, 1990) draws out an important and somewhat subversive conclusion from this fact, namely, that 'ordinary theorizing' (for example by older people themselves) should have equal (complementary status) to that of professionals. People are not merely *respondents* in the passive sense of the term; they develop facts and theories of their own, and the relevance of these deserves wider recognition. Using the standpoint of social phenomenology derived from Schutz and Husserl, Gubrium and Wallace argue that:

> When we suspend the natural attitude and allow the ordinary theoretical activity of the aged and others to become visible, a whole world of reasoning about the meaning of growing old . . . comes forth. We find that theory is not something exclusively engaged in by scientists. Rather there seem to be two existing worlds of theory in human experience, one engaged by those who live the experiences under consideration, and one organised by those who make it their professional business systematically to examine experience. To the extent we all attend to experience and attempt to understand it or come to terms with its varied conditions, we all theorise age. To privilege scientific theorising simply on the basis of its professional status makes scientistic what otherwise could be firm recognition of the theoretical activity of ordinary men and women, along with the opportunity to refocus social gerontology from behaviours to meanings embedded in ordinary discourse. (1990: 147)

The different perspectives discussed in this section take as their standpoint the centrality of the human subject in defining the social world of ageing. Through the medium of language, people describe the story or stories which make up their lives. Attention to these gives the researcher access not just to how particular individuals experience growing old, but also to the way in which ageing is constructed. Such a view provides a powerful corrective to the tendency – dominant in traditional gerontology – of seeing older people as 'empty vessels', reacting to, rather than shaping, experiences in later life. Taken together, however, the focus on meaning provided by humanistic gerontology and biographical perspectives on ageing have a number of limitations. The nature of these will now be discussed and summarized.

Constructing later life

There are at least three main problems which can be cited, shared to different degrees by both humanistic and biographical perspectives within gerontology. First, an important theme running through the biographical approach is that of the self actively constructing his or her social universe. However, the view of the self is inconsistent in the literature. At one extreme is Johnson's (1976) notion of the biographical

career, in which the self would seem to be largely derived from the different strands making up a person's life. At the other extreme is the idea of the 'storied self', in which the underlying plot is open to endless revision. Although Kenyon (1996) denies the charge of solipsism, arguing for what he sees as the 'fundamental interpersonal dimension', the approach to the self seems at times somewhat too literal and open-ended. In particular, there is insufficient acknowledgement in this approach that social and structural constraints may compromise both biographical development and interaction with significant others in the universe of the older person.

A second problem concerns the extent to which social inequalities are taken into account in the subjective approach. Gubrium (1993), for example, makes a powerful case for a social gerontology which avoids 'privileging certain voices and silencing others'. But this assumes that professional researchers are able to overcome forms of oppression which themselves penetrate the language and relationships around which daily life is constructed. Assuming the methodological stance suggested by Gubrium may be effective for certain groups, less so for others. For certain Black-African or Asian groups, the experience of exclusion may compromise even explicit attempts to foreground all, rather than particular, voices of ageing.

Third, the work of Moody and Cole, in providing a critique of instrumental reason, seeks to demonstrate the way in which existing explanations of ageing are linked to forms of social control. Instrumental reason is seen to reify or mystify structures of social domination, thus reinforcing the status quo. As a formal critique, the arguments advanced are of considerable power. But the alternatives produced seem to lack substance. Moody refers to the need for 'emancipation', and for a 'positive vision of how the social order might be different' (1992: 295). But the form of the emancipation and the nature of a new social order is left unclear. Of course, the response might be that it must be left to those growing old themselves to define a different type of adult development, one which (in Cole's terms) would recover a sense of 'mystery' about the last phase in the life course. However, specifying the basis for emancipation would seem to be important and cannot be left entirely open-ended.

Conclusion

As the above review suggests, a number of strands may be identified within the broad area of critical gerontology. All may be seen as providing a valuable contribution to the debate about the way in which

older age is socially constructed. As suggested, political economy has played a central role in highlighting structural inequalities within later life, and has challenged the specific form of crisis construction influencing the debate on ageing populations. Humanistic gerontology has advanced understanding about the experience of ageing as part of the whole course of life. At the same time, it has challenged the way in which older people have been marginalized within society, emphasizing the extent to which life appears emptied of meaning and significance. Finally, biographical perspectives draw out the importance of ways of coping and managing which have been formed over the life course. Placing the individual within the context of a particular life history is viewed as central for understanding how individuals adapt and respond to change in old age.

These different ideas and tendencies within gerontology will be used as a basis for exploring changes in the social construction of later life. We shall use these theories as tools for illuminating some of the contradictions and conflicts experienced by older people in their daily lives. The next two chapters build upon the theories reviewed in this chapter by examining in more detail the nature of this social construction. The task of the next chapter is to examine this through the policies and practices towards older people which developed after the Second World War, a time when western society identified old age as a time for a range of interventions in the field of economic and social policy.

Notes

1 Fennell et al. (1988) summarize some of the literature on disengagement theory. Hochschild's (1975) article remains one of the most incisive critiques of the theory.

2 Lynott and Lynott (1996) provide an excellent account of theoretical issues in the sociology of ageing.

3 See Estes (1993) for an examination of the approach taken in this book.

4 The critical reaction to studies such as Callahan's (1987) *Setting Limits*, was also influential in the development of the moral economy approach.

5 See McLeod (1997) for a valuable discussion of biographical and narrative perspectives as applied to the counselling field.

6 Grant (1998) explores this aspect in her powerful account of her mother's experience of dementia.

3

CONSTRUCTING OLD AGE

The previous chapter identified the variety of ways in which critical gerontology has analysed the experience of growing old. The theories discussed make significant contributions – from different vantage points – to furthering our understanding of the challenges that face people as they move through the life course. The various strands of critical gerontology indicate the combination of structural and biographical elements which influence identity in later life. Ageing, from this perspective, represents an interweaving of public and private lives, this creating much diversity in the experiences and lifestyles of older people.

Awareness of continuity and discontinuity in the lives of the old needs, however, to be complemented by a stronger sense of the historical and sociological forces that are changing (and often undermining) identities in later life. Critical gerontology, in fact, is built upon a number of assumptions about the nature of social change, in particular that which concerns the shift from a modern to a 'late' or 'postmodern' age. The purpose of this chapter is to outline some of the characteristics of the 'modernization' of ageing in the twentieth century. The destabilization of these elements, and the subsequent impact on the social position and identity of older people, is then explored in a variety of ways in the remaining chapters of this book.

Science and ageing

The starting point for our discussion concerns the period within which gerontology was developed as a subject of scientific interest and investigation. In both Europe and the USA, it was the 1940s that was the crucial 'take-off' period for the growth of research, the period after the ending of the Second World War being of particular importance (Amann, 1984; Birren, 1996). The background here concerns the influence of two factors: first, greater awareness about the significance of long-term

population trends (highlighted in the UK in the report in 1949 of the Royal Commission on Population); second, the economic pressures prevailing in the aftermath of war, these leading to concerns about controlling the costs associated with population ageing.

The late 1940s and early 1950s were, then, crucial for the development and organization of research into ageing. The Gerontological Society of America was founded in 1945, with the American Geriatric Society being formed around the same time. The International Association of Gerontology (IAG) held its first meeting (in Belgium) in 1948, with a second congress in the USA (in St Louis) in 1951. The first Pan American Congress of Gerontology was held in Mexico City in 1956 (Birren, 1996).

In Britain, the Second World War had led, through the work of the Emergency Medical Service, to a 're-discovery of the plight of the chronically ill aged in under-served and under-resourced municipal hospitals and infirmaries' (Carboni, 1982: 76; Means and Smith, 1995). In addition, the development of the National Health Service provided financial and administrative support for the growth of geriatric medicine (Brockelhurst, 1978; Grimley-Evans, 1997). Applicants for the new consultant posts were also available. Carboni (1982), for example, notes the return to Britain of large numbers of consultants who were seeking new positions, but who faced a shortage of consultancies in the traditional medical specialties. Reflecting these developments, the Medical Society for the Care of the Elderly (later to become the British Geriatric Society) was formed in 1947.[1] Seven years later, the IAG held its third congress in London, producing what was to become an influential volume of proceedings from the congress, published in 1954 (International Association of Gerontology, 1954).

Books and research monographs soon followed these organizational developments. In the USA, the fruits of research were brought together in two major reference books on ageing: *The Handbook of Aging and the Individual: Psychological and Biological Aspects*, edited by James Birren (1959); and *The Handbook of Social Gerontology: Societal Aspects of Aging*, edited by Clark Tibbitts (1960). These were complemented by a third volume edited by Ernest Burgess (1960), which explored trends and developments in ageing in a number of western countries: *Aging in Western Societies: A Survey of Social Gerontology.*

This trilogy set out the structure and range of issues encompassing the field of ageing. Its importance was in identifying an ambitious programme for tackling the social and medical concerns arising from demographic change. This was to be achieved, first, through the foundation of university-based research centres (a particular feature in the USA); and second, through the fostering of collaboration from a range of academic disciplines. As Lawrence Frank expressed it in the first issue of the *Journal of Gerontology*:

> Gerontology is an enterprise calling for many and diversified studies, for pooled and concerted investigations, indeed, for the orchestration of all relevant disciplines and professional practices. (cited in Achenbaum, 1995: 125)

There was, in fact, a substantial growth in the development of research from the early 1950s. Writing in 1963, Clark Tibbitts concluded that half the scientific knowledge gained about ageing had been accumulated over the previous decade (cited in Achenbaum, 1995: 251). Birren and Clayton (1975) estimated that the literature on ageing published between 1950 and 1960 equalled all of that published in the preceding 115 years.

The research endeavour was shaped, however, by an important set of assumptions concerning the nature of ageing as a scientific and social enterprise. The 'discovery' of ageing as a social and medical problem coincided with what may be seen as the final phase in the development of modernity in western societies. Modernity here is taken as referring to the process of change, beginning in the sixteenth century and culminating in the nineteenth century, with the transformation of the western world from a mainly peasant to a predominantly urban and industrial society.

The general outline of modernity has been summarized by Leonard as follows:

> Modernity as a historical period in Western culture may be seen as having its origins in the 'Age of Enlightenment' which began towards the end of the eighteenth century. The historical trajectory from these origins to the present (or possibly recent past) may be understood as having been founded intellectually on a belief in the power of reason over ignorance, order over disorder and science over superstition as universal values with which to defeat the old orders, the old ruling classes . . . with their outmoded ideas. Modernity was revolutionary . . . and was the founding complex of beliefs upon which capitalism as a new mode of production and a transformed social order was established. (1997: 5–6)

The period of modernity is associated with a number of influential developments in scientific practice. First, there is the idea of the importance of reason and the search for rational explanations of human development. Alain Touraine (1995: 9) notes that: 'The idea of modernity makes science, rather than God, central to society and at best relegates religious beliefs to the inner realm of private life.' Alongside this comes the search for the 'laws' governing material and spiritual progress. The notion of a 'deep current of natural progress' was expressed by Kant as follows:

> I will therefore venture to assume that as the human race is continually advancing in civilization and culture as its natural purpose, so it is continually making progress for the better in relation to the moral end of its existence, and

that this progress, although it may be sometimes interrupted, will never be broken off or stopped. (cited in Nisbet, 1969: 117)

In the mid-twentieth century, the approach to ageing as a social and scientific problem was placed squarely within this modernist framework. Longevity was both emblematic of human progress, but a challenge at the same time, one that would require a systematic response from the natural and social sciences. The handbooks edited by Birren and his colleagues were consistent, as Thomas Cole (1992) suggests, with the Enlightenment vision of progress achieved through science and cumulative knowledge. This project, Cole argues, was informed 'by a quest for scientifically-valid explanations of human ageing as a phenomenon dependent, according to James Birren, "on the influence of genetics, physical and social environments, and individual behaviour" ' (Cole et al., 1992: xii).

But the context for this work was central both in shaping the research agenda and in influencing ideas about how people might experience growing old. Old age was rediscovered in a period where despite pessimism about the costs of ageing, there was clear resolve to tackle what was viewed as the new set of challenges confronting modern societies. Crook et al. suggest here that:

For a period around the middle of the twentieth century . . . it became possible to elaborate a vision of modernity in which a predictable, progressive and fundamentally benign process of 'modernization' would become diffused throughout the world. (1992: 228)

Redefining and reconstructing old age became an important component within this agenda. Growing old was to be moved from its association with the Poor Law, to a new identity built around the rights of citizenship associated with the institutions of the welfare state (a theme identified by T.H. Marshall (1949) in his study *Citizenship and Social Class*). The institutions of modernity thus contributed to a specific discourse and praxis in determining the images and relationships associated with ageing. The most important of these may be summarized in respect of three institutional sectors: first, the development of biomedicine; second, mandatory retirement; third, the welfare state. These three areas provided both a set of responses to the needs of elderly people, and also a vision of a different future for growing old. The elaboration of this provided the basis for the social construction of old age in the mid-twentieth century. Equally, the unravelling of some of the key institutions associated with it, has created deep uncertainty about the future of ageing as we move into the twenty-first century. Before exploring the latter in Part II, we shall first summarize the main components of the reconstruction of old age over the past 50 years.

The rise of biomedicine

The first point to note is that interest in gerontology emerged alongside what was to be a dramatic expansion and institutionalization (in the USA especially) of the natural sciences. Achenbaum makes this point as follows:

Gerontology emerged as a field of enquiry in an era of Big Science. As the scale of the scientific enterprise increased, researchers on ageing defined and organised their work to take advantage of new opportunities. Investigations were undertaken by multidisciplinary teams working in translaboratory networks. Borders between science and technology, and between basic and applied research [were to grow] fuzzy, sometimes irrelevant. (1995: 121)

Achenbaum goes on to suggest that gerontology emerged as a field of enquiry at a time in which the USA was, as he puts it, 'awestruck' by the power of science to facilitate material progress. Science – and especially the biomedical sciences – was seen as the medium for tackling many of the problems and challenges associated with ageing (see also Katz, 1996). This itself met with considerable support from certain groups of older people. Elderly people, the middle classes especially, were beginning to challenge the fatalism which had traditionally surrounded old age. With the rise in membership of occupational pension schemes, the attraction of a healthier old age became clear (Burns and Phillipson, 1986). At the same time, belief in the power of medicine and doctors in particular, also began to grow during this period (Porter, 1984).

These developments led to a number of important characteristics relating to the way in which old age developed from the mid-twentieth century. First, there was what Estes and Binney (1989) were to describe as the 'biomedicalization of ageing', this having two central features: '(1) the social construction of ageing as a medical problem (thinking of ageing as a medical problem), and (2) the praxis (or practice) of ageing as a medical problem' (Estes and Binney, 1989: 587). The approach adopted by the biomedical model was to view the ageing process as characterized by various processes of decline and decay. Estes (1993) summarized this perspective as one that saw old age as a medical problem that could be alleviated, if not eradicated, through the 'magic bullets' of medical science. The focus was on individual organic pathology and medical interventions, with physicians placed in charge of the definition and treatment of old age as a disease.

A second important feature that followed from this concerned the crucial role of the pharmaceutical industry in determining appropriate responses to the 'problem' of old age. In the post-war era, effective medicines multiplied at an unparalleled rate in countries such as the USA and the UK (Lipton and Lee, 1988; Midland Bank, 1985). Inside

the National Health Service, for example, proprietary drugs grew in importance: from around one-fifth of all prescriptions in 1950, to nearly half just seven years later. The yearly NHS drugs bill grew at an increasingly faster rate, approaching £2,000 million by the mid-1980s. Underpinning the drugs boom was the demand for tranquillizers (from the mid-1960s onwards), anti-hypertensives (from the mid to late 1960s), and non-steroidal anti-inflammatory drugs (NSAIDs) (from the mid-1970s). By the 1970s, in the UK, one in five of all elderly people was taking three or more medicines daily; one in ten was taking four or more.

The drug companies undoubtedly flourished given the market provided by an expanding elderly population. Some of this expansion reflects the greater prevalence of disabling conditions that accompanies an elderly population. However, it is possible to trace other factors that contributed to this growth. First, drugs emerged as the treatment of 'first choice' partly through the absence of alternatives. There was, for example, very limited awareness of the role of preventive medicine (perhaps even less than in the inter-war period), and doctors were given little encouragement to think beyond what the drug companies might be offering.

Second, drugs increased in importance to older people in part because the danger regarding their use was (and continues to be) underplayed. General practitioners, especially in the 1950s and 1960s, relied upon the drug companies for information about new medication. There is some evidence that this information was used rather more in conditions affecting older people; in other areas, the doctor relied upon his/her own training or neutral sources (Burns and Phillipson, 1986). Unfortunately, the drug companies almost certainly underestimated (or in many cases denied) the harmful effects of drugs on elderly people.

Third, the very lack of facilities and resources was (and continues to be) a factor promoting drug use. Moreover, the policy of community care (which began to be developed in the UK from the 1960s onwards), although attractive to those anxious to stimulate a move away from care in long-stay settings, actually created new problems, given the failure to control and audit the prescribing of drugs. The end results were the numerous stories of 'drug hoarding' and abuse of repeat prescriptions, which unfolded in the 1970s and 1980s (Tuft, 1982). Almost invariably it was older people who were cited in these stories. But the message – that professionals were themselves responsible for the problem and that drug companies had the most to gain – was usually ignored.

The dominance of biomedicine was, however, a crucial element in the discourse about ageing. Older people learnt to interpret their problems and anxieties increasingly through the medium of doctors in general, and drugs in particular (reflected in the dramatic expansion in the use of psychotropic drugs). As a result of this, the biomedical revolution in the

mid-twentieth century held out the promise that the infirmities of old age could be held at bay – suspended at least until the 'fourth' as opposed to what Laslett (1989) and others were to describe as 'the third age'.

This belief was to be assisted by the second important pathway through which old age was constructed in this period – namely that concerning the emergence and institutionalization of retirement.

The triumph of retirement

If the biomedical revolution held out the promise of a healthier old age, retirement was to develop as an institution that provided a framework for developing the broad field of social and leisure activities. Graebner (1980), in his book *A History of Retirement*, sees the post-war years in the USA as a period in which retirement triumphed over alternative methods of dealing with the aged (see also Calhoun, 1978). In the USA, this reflected the steady growth in pension plans, and the extension of social security to additional groups within the workforce. However, a contributory factor was the 'aggressive marketing' of retirement, as part of an attempt to provide a meaningful substitute to work for older people.

The growth of a retirement industry (books, educational films, retirement communities) can be clearly identified in the USA from the late 1940s. Retirement preparation was one element of this, with a number of US universities in the early 1950s starting to offer information and advisory programmes for retirees (Phillipson, 1981). This development was subsequently taken up by industrial corporations as well as trade unions such as the Union of Automobile Workers (UAW). A survey by Tuckman and Lorge (1952) in the early 1950s, of 113 of the largest organizations in the USA, found that around 40 per cent were claiming to have some kind of pre-retirement programme already in operation. Subsequent research was to confirm this growth in interest, although optimism was tempered by the limited scope of many of the programmes implemented (Wermel and Beidemann, 1961; Siegel and Rives, 1978).

Although the immediate post-war period in Britain and the USA, raised the possibility of older people being encouraged to defer retirement for as long as possible, the reality was that governments in both countries began to redefine old age as a period to be spent outside of the workplace (Phillipson, 1982; Graebner, 1980; see also Chapter 5). In the case of Britain, by the late 1950s there was general appreciation that trends in the labour force were making permanent retirement at 60 or 65

increasingly likely. This was the central argument, for example, of the pioneering work of Ferdinand Le Gros Clark. His study *Work, Age and Leisure* was published in 1966, and had as its subtitle: *Causes and Consequences of the Shortened Working Life*. Clark's was a prophetic study which looked ahead to the emergence of groups of older people existing outside the labour market, with independent lifestyles and values and expectations of their own. This issue had also been explored in an influential collection of papers edited by Robert Kleemeier (1961), entitled *Aging and Leisure: A Research Perspective into the Meaningful Use of Time*. Kleemeier set out the underlying framework for the volume in the following way:

> While the shortening of the work week is probably the prime stimulant to the evident increase in leisure; decreasing employment among older workers is a generally ignored but, nevertheless, major contributor to the total amount of free time available to the adult population. Industry tends to view with suspicion the productive capacities of older workers, particularly when younger and seemingly more efficient persons are available to man its plants. The existence of a governmental social security scheme along with private pension programs presumably takes the sting out of retirement, and from management's point of view makes it a desirable alternative to attempts to provide suitable jobs for those eligible for retirement. The net result of these two factors is the large-scale retirement of older workers with vast increases in the amount of free time available to them. (1961: 5)

In the USA, it was precisely this development that led to what Graebner terms as 'the selling of retirement'. He describes the process as follows:

> Life insurance companies, deeply involved in the pension business, were the leading purveyors of the message that retirement, far from being evidence of maladjustment, was a bounty bestowed by the society and by the pension. Like any other normal period in one's life, it required careful preparation on the part of the individual and his employer . . . Speaking at a 1952 session of the National Conference Board, [a] Mutual Life Assurance Company vice-president . . . suggested preparing employees for retirement beginning at fifty. 'Just recently', he said, 'house organs that are coming to my desk have been doing a splendid job of selling the idea . . . and the fact that old age can be beautiful and that the best of life is yet to come . . . That is done by constant stories of happily retired people telling what they do, but still more of course emphasizing what they did to get ready for the life they are now living.' Retirement, as the life insurance agents emphasized in advertisements published in over three hundred newspapers in the late 1940s, was the joy of being at the ball park on a weekday afternoon. (1980: 231)

In the case of Britain, retirement took longer to realize its potential. Although retirement manuals started to be published from the early 1950s (see, for example, Chisholm, 1954), initial attention was directed at the social and psychological problems created by compulsory retirement.

The connection between retirement and poor health was explored in numerous medical studies in the 1950s.[2] The sociological studies were fewer, but followed the same theme in equating retirement with a deterioration in mental well-being (see, for example, Townsend, 1955; Tunstall, 1966).

However, by the late 1950s and early 1960s research, such as that by Emerson (1959), was beginning to suggest a more optimistic view; while confirming that retirement had some initial impact in increasing anxiety, Emerson noted that problems tended to be resolved after a period of transition. Moreover, his research suggested that even during the first year of leaving work, retirement itself had little effect on physical or mental health. The findings in Richardson's study of 244 men come to a similar conclusion:

> The extremes of complete contentment and bitter dissatisfaction with retirement were easily discerned but the majority of statements revealed mixed feelings; attitude to retirement was the product of a number variables – state of health, the meaning of former jobs, length of retirement, use made of retirement, the relationship with family and wider social groups – all of these in varying degrees and diverse ways affected the replies. (1956: 385)

In general terms, however, the 1950s was important in confirming a policy, first established in the inter-war period, that older workers had both less need, as well as less of a right to paid work. On the former, Rowntree (1947), in his report on old people, suggested that real poverty in old age had been virtually eliminated; a view which was to go largely unchallenged until the publication in 1965 of Townsend and Wedderburn's *The Aged in the Welfare State*. On the latter, there was a hardening of the view – between both trade unions and employers – that older workers should, through more generous state and occupational pensions, be allowed to leave the labour force (Hannah, 1986). Both groups saw this as a mechanism for expanding the routes to more senior jobs and for increasing the supply of younger workers. It also reflected a growing belief on the part of employers that older workers were simply less efficient and less productive (Laczko and Phillipson, 1991).

By the end of the 1950s, therefore, retirement was being actively promoted and encouraged as regards its value and benefit for worker and employee alike. The idea of a period of 'active retirement' following the individual's main career, became an important constituent in the reconstruction of the life course. But the idea of the retiree as a 'leisure participant' was also reinforced by another important element, the access of the individual to rights from the welfare state. Here was the basis for the dual identity that shaped old age from the mid-twentieth century onwards: on the one hand, the idea of active retirement; on the other hand, support from the welfare state when independence was threatened. The development of these two aspects brought the promise of

security for older people. The issue of welfare support will now be briefly reviewed.

The 'triumph' of welfare

Ellis Smith, M.P., told the House of Commons in November 1938: 'Old grandfathers and grandmothers are afraid to eat too much food lest they should be taking the bread out of the mouths of their grandchildren'. Another M.P. told of 'an old man bent and worn, who has worked in the steel industry all his life', and who had said: 'I only have 10s 0d a week. I am living with my son, but his wife says she can no longer afford to keep me. I don't know what to do. I don't want to go to the workhouse, but there is nothing else to be done'. (cited in Branson and Heinemann, 1971: 229)

I can remember this particular day. Everything was in a radius of a few minutes' walk, and she [mother] went to the opticians. Obviously she'd got the prescription from the doctor. She went and she got tested for new glasses. Then she went further down the road . . . for the chiropodist. She had her feet done. Then she went back to the doctor's because she'd been having trouble with her ears and the doctor said . . . he would fix her up with a hearing aid. And I remember – me mother was a very funny woman – I remember her saying to the doctor on the way out, 'Well the undertaker's is on the way home. Everything's going on, I might as well call in there on the way home'. (Alice Law recalling 5 July 1948 when the Health Service came into being and the new social security legislation came into force, cited in Hennessy, 1993: 174)

In the mid-twentieth century a significant change occurred in the history of old age. Hitherto, income in old age had been largely means tested, with stigmatization and the inevitable loss of status for beneficiaries. After the Second World War, however, growing old became framed within the context of the new language of 'social rights' and 'social citizenship', these especially being associated with the post-war reforms in Britain, and the principles of the 1942 Beveridge Report (Myles, 1996).

The reforms were built around four main elements: first, a comprehensive and universal welfare state based on the idea of shared citizenship; second, the rapid expansion of benefits and entitlements; third, the maintenance of full employment within a framework of Keynsian demand-management; fourth, sustained economic growth.[3] Pierson summarizes the expansion in public expenditure which followed on from this:

. . . in Western Europe in the early 1930s, only about a half of the labour force was protected by accident, sickness, invalidity and old age insurance. Scarcely

a fifth were insured against unemployment. However, by the mid-1970s, more than 90 per cent of the labour force enjoyed insurance against income loss due to old age, invalidity and sickness; over 80 per cent were covered by accident insurance and 60 per cent had coverage against unemployment. The average annual rate of growth in social security which stood at around 0.9 per cent in 1950–5 had accelerated to 3.4 per cent in the years 1970–4. Broadly defined, social expenditure which had in the early 1950s consumed something between 10 and 20 per cent of GNP had grown to between a quarter and something more than a third of a rapidly enhanced GNP by the mid-1970s. (1991: 128)

What it is important to capture here though is the sense in which the welfare state created not just a mechanism for distributing income and services, but also a distinctive image about elderly people themselves. Older people had come to symbolize all that was wrong about pre-war society. The idea that a particular generation should carry the burden of risk attached to a particular point in the life cycle was now to be challenged. The war itself had demonstrated the way in which the risks of life were experienced by everyone. Goodin and Dryzek (1987) express this point as follows:

Under [wartime] conditions, anyone's future might be your own. That forces each of us to reflect impartially upon the interests of all. Welfare states and such like constitute the appropriate institutional response. These responses get frozen and persist well beyond the moment of uncertainty that gave rise to them . . . Wartime uncertainty and risk-sharing seem to us to provide a particularly powerful explanation . . . of the origins . . . of the post-war welfare state. (1987: 67)

The welfare state created – or set out to create – the basis of a new identity for older people. The idea of sharing the risks attached to growing old was built around the theme of intergenerational solidarity. Society – represented by its constituent generations – was now accepting of the idea of ensuring proper standards of health and well-being in old age (a theme reflected in the 1948 United Nations *Universal Declaration of Human Rights*). Inevitably, achieving this required a significant degree of redistribution between generations: first, because benefits had to be paid ahead of contributions; second, because improvements to programmes were given to current as well as future beneficiaries; third, because of the financing of the system on a 'pay-as-you go basis', with benefits paid out of current revenues (Myles, 1996).

In Britain, the welfare of older people was in essence defined in three main ways for much of the 1950s and 1960s. Pensions were the first and overriding concern, an issue which 'dominated the agenda as much as relief payments had done in an earlier era' (Parker, 1990: 8). Next was the focus on residential and institutional care (a feature of the 1948 National Assistance Act). Then there was the role of the voluntary sector (under the aegis of bodies such as the National Old People's Welfare Council),

in providing a limited range of domiciliary provision within the community (Roberts, 1970).

Of continued importance, however, was the role of the family in providing essential support to frail older people (illustrated in studies such as those by Sheldon (1948), Townsend (1957), and many others). In this context, the post-war period created one welfare state for the old (largely built around retirement pensions and residential care), but kept in place the existing 'welfare state' built around the families of older people. These two 'pillars', along with support from the voluntary sector, represented the form in which old age was constructed as a welfare issue and problem.

It is not the purpose of this book to debate the advantages and disadvantages of this type of arrangement. Much research has already focused on the latter, notably in respect of the 'social creation of dependency' (Walker, 1980), the undue emphasis on residential care (Means, 1986), and the limited provision for care in the community (Parker, 1990). Of greater interest here is the argument that for all its limitations, the welfare state did seem to provide a sense (albeit a limited one for many older people) of a different kind of old age than had gone before. Hennessy's respondent cited at the beginning of this section may have embroidered her story somewhat, but the point is clear: first, that the welfare state seemed to be offering some answers to the range of problems that do affect many people at some point in old age; second, that it had begun to erase at least some of the chronic fears attached to growing old.

Conclusion: the modernization of ageing

On this last point, even if the early experience of the welfare state seemed, for the old, to be hugely disappointing, it still appeared to be offering an advance on what had gone before. Moreover, taken alongside the gradual acceptance of retirement, there was the sense of a more stable end to the life course than had previously been the case. In fact, what was on offer may now be seen as limited to a relatively short time span (20 years at most). This period (roughly from 1950 to 1970), represents the high point of the 'modernization of ageing'. Old age was dragged into the modern world through a combination of biomedicine, mandatory retirement, and the growth of the welfare state. But as a framework for the social construction of old age, fundamental problems were soon to appear. On the one hand, biomedicine continued as an element influencing the way in which problems and issues associated with ageing were viewed. On other hand, the institutional pathways through

which old age was constructed – notably those associated with retirement and the welfare state – began to be transformed from the 1970s onwards. In the next chapter, we discuss the wider context for these changes, before going on to review some specific examples in Part II.

Notes

1 See Grimley-Evans (1997) for a summary of the history of geriatric medicine.

2 The literature on the impact of retirement is summarized in Phillipson (1993).

3 Lowe (1993) provides an excellent critical review of the development of the welfare state.