More people are attaining advanced age. Will social science help them to enjoy it? What roles are the aged to perform for their satisfaction? And how are cultural values to be adjusted to provide proper appreciation for such roles?

Sociological Aspects of Aging

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THE biological and sociological problems of aging, although complementary, are quite disparate. Biological research on the progressive changes taking place in the aging organism deals with objective anatomical and physiological phenomena directly measurable by physically standardized instruments. Sociological investigation of the interrelationships of the aging organism and the sociocultural environment, on the other hand, is concerned with covert or subjective attitudes and values that are only indirectly measurable by instruments. These, in turn, involve various culturally conditioned judgments in their construction, and require constant revision and restandardization with advances in theory and changes in cultural value systems, if they are commensurable at all.

Furthermore, as we pass from the biological to the sociological investigation of aging, the locus of research shifts from the more static conditions of the laboratory and clinic to the more dynamic settings of fieldwork where scientific controls are at best crude, and often impossible. In no field is it more difficult to transmute the particularities of individual case study into the generalities of statistical analysis.

Again, unlike biological systems, human social systems are structured not by the genetically determined reaction patterns of the biological units that compose them, but by behavior patterns invented and acquired in social interaction. These socially derived patterns constitute the systems of cultural values which determine the social structure of human groups. Such structures do not age and die. They either commit suicide by man's inability to devise new patterns capable of dealing with the problems generated from within, or they are murdered by his inability to repel conquest from without. A social system is simply the blueprint according to which interpersonal and social functions have occurred in the past, are occurring in the present, and may be predicted to recur in the future.

Therefore, the aging of an individual, as a sociocultural phenomenon, is defined not by physical deterioration or by time but by the value system of his society. A person is sociologically old when he is so regarded and treated by his socii. The problems of personal and social adjustment confronting the aged are the resultants of the role and status accorded them by the group, the social provisions for their continuing prestige and security, and the opportunities afforded them to achieve these ends by their own initiative.

Dr. Jensen was chairman of the department of sociology and anthropology, Duke University, Durham, N. C., when his paper, on which this one is based, was delivered before the Duke University Council on Gerontology at a seminar on April 2, 1957. He is now professor emeritus of sociology.
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There is neither time nor need to survey the widely divergent perspective of aging in various social milieus. Those interested in pursuing this subject further may well begin with Simmons (*1*) and Eisenstadt (*2*). Suffice it to say that universally these varying perspectives are the result of the interplay of automatic and impersonal physical, biological, and social forces on the one hand and conscious and purposive personal and social efforts on the other. Sociological interest focuses upon this interplay in all cultures.

The aging populations of all cultures experience similar physiological changes that manifest themselves overtly in deterioration of physical and ultimately of mental capacities. Universal, too, are the probabilities of bereavement by the death of one's mate, especially for women. For the greater longevity of women, insofar as comparative data are available, seems to be a phenomenon common to all cultures.

Changes in physical activities are everywhere precipitated by these overt manifestations. But sociological interest in the problem of aging does not focus, as does the biological interest, upon the objective measurement of these changes. Instead, it focuses upon the investigation of the cultural value systems that define these changes in role and status, and upon the meaning of these changes to the aging persons themselves and to their contemporaries.

Problems of Aging

Sociologically considered, the problem of aging in contemporary western culture is a new phenomenon in human history in at least four ways. Two of these, the increasing number of the aged and the extension of the time during which they enjoy (or suffer) that status, are too well known to require more than passing mention.

Two other circumstances have so completely changed the sociological character of the problem that it is hardly an exaggeration to say that prior to their emergence the problem did not exist. These are the abruptness of the social transition from productivity to retirement and the loss of role and status that accompanies it.

In the simpler cultures, as well as in our own until the last 2 or 3 generations, the gradualness of the physiological changes was paralleled by a corresponding gradualness in the change of social functions, which permitted a smooth transition and a gradual adjustment to the new functions by both the aged and their younger contemporaries.

Again, in the simpler societies and in traditionally oriented cultures like our own until recently, the aged, as a general rule, usually suffered no such loss of role and depreciation of status as is the fate of the majority in our highly developed technological civilization.

In every society, aging is accompanied by changes in the active roles played by the aged and in the functional categories to which they belong. In the simpler societies and in cultures oriented to tradition, role and status are usually ascribed rather than achieved. That is, the functions to be performed by the person are determined by characteristics over which he has no control, among the more important of which are family lineage, sex, and age. When roles are age-graded the person acquires the status assigned to his role. One knows precisely what changes of role will be expected of him and what rank will be accorded him as he passes from one age grade to another. This transition is so gradual, and the social conditions under which it takes place so stable, as to permit the value systems of the culture to be effectively internalized in the character of the person. Thus, a fair degree of harmony between the expectations of the person and the requirements of the group is maintained.

But in a society based on applied science and technology, both role and status are achieved rather than ascribed. The role is determined by the individual's capacity to perform the functions required, and status by the evaluation placed by the group upon the role performed. In such a society role and status are conjoined. Status is thus linked with the role rather than with the person performing it, so that when the role is no longer performed, the status tends to deteriorate.

Tradition and Status

In societies with ascribed status there are at least six distinct roles ascribed to the aged that give them a recognized and assured social position:

First, the aged are the preservers and disseminators of the knowledge of the group. They are its library as well as its teachers, for the sacred lore is stored only in their memories. As a Yoruba proverb states it, "A man may be born to fortune, but wisdom comes only with length of days."

Second, by virtue of this monopoly the aged hold a strategic position in deciding the policies of the group. The maxim, "Old men for council, young men for war," is practically universal in traditionally oriented societies.

Third, and closely associated with the foregoing, are the rights and privileges associated with parental authority and the ownership and management of family property. These prerogatives may persist long after death through the sacred and binding character often accorded by the culture to the dying wishes of family heads with regard to property and other matters within their jurisdiction.

Fourth, the aged are often the magicians, witch doctors, priests, and seers as well as the sages of the group. This role also frequently survives death through the prevalence of ancestor worship and fear of ghosts.

Fifth, they possess the experience and skill required to supervise the industrial and decorative arts.

All these are roles that require little physical strength or stamina. They can be performed as long as accurate memory, sound judgment, and social skill in managing interpersonal relationships continue. They are also highly honorific roles whose prestige usually outlives the person's capacity to perform them and gives to age as such a respect and dignity that redounds to the benefit of less competent contemporaries.

For the latter there remains a sixth role. The lighter auxiliary tasks of field and herd, of hearth and household fall to their hands. By these activities they release mature adults of both sexes for more strenuous work and so maintain their status as participants in the common life.

Technology and Status

All of these roles have played a significant part in the history of our own culture. Some of them have been abolished by the processes of social change, and those that survive have been greatly reduced in significance. The monopoly of wisdom and knowledge began to weaken with the invention of writing, and has finally been wiped out by universal mass education. The ceremonial role ceased with the passing of magic and the rise of professionally trained religious leaders. The policy-forming role survives only for the higher professional, administrative, and bureaucratic classes, most notably in politics. Finally, the rise of technology has greatly reduced the role of the handcraftsman and the need for auxiliary services.

Prescribed roles have dwindled as technology has advanced and such functions as remain to the aged are no longer the prerogative of age. In a technological civilization, roles are won in strenuous competition requiring youth and stamina. Status is achieved chiefly through the performance of role, and, for the majority of the aged, status does not long survive its passing.

Older persons of the upper classes of business and professional people who have been successful may continue to be in active demand on a part-time basis or as consultants, and to enjoy an ascribed status after they have relinquished the roles through which status was achieved. But for those of the lower classes, especially the unskilled workers, the loss of their economically productive roles is usually less gradual, less voluntary and reversible, and they enjoy no such halo effects of past achievement. They are suddenly precipitated into a situation where they lose their financial independence, their capacity to make their own decisions, and, what is worse, the esteem of their fellows and their own self-respect.

But new technological changes now in process may have some effect in reversing this trend, as an increasing percentage of the gainfully employed is now being absorbed into professional, technical, clerical, and other more honorific pursuits and a decreasing percentage into the more arduous and unskilled occupations.

For humanistically inclined researchers, the biological objective of gerontology is to make old age attainable; the sociological objective is to make it satisfying. Medical progress has increased the proportion of the aged; technological progress has reduced the proportion of

meaningful roles available to them, and the cultural lag in the social sciences leaves us as yet inadequately equipped to deal with the resultant problems of personal and social adjustment.

For social research, the fundamental problem is to discover and investigate the social—not the physical—barriers that limit the aged in the pursuit of satisfying goals. For applied sociology, the problem is to devise techniques to remove or reduce these barriers, or, at least, to compensate for them. Techniques must also be developed to help aging people to gain insight into and to adjust to the changing biological, social, and cultural conditions that confront them.

Although these social barriers are generally considered to be a product of urbanization and industrialization, both of the latter are the results of technological changes which began to revolutionize urban life in the 19th century and have now been extended to rural life as well. While it is still true that a rural environment is more suited than an urban one for satisfactory living in the older years, technological changes on the farm are also making successful adjustments more difficult there. In fact, in at least one respect the reaction of the aged to role changes may perhaps be less severe in metropolitan than in less highly urbanized areas, because of a greater degree of anonymity and compartmentalization of roles among urban dwellers, and a consequent lessened effect that the reduction in any one role has upon participation in others.

Social Adjustment

The criterion of social adjustment, for the purpose of this discussion, is the degree to which an individual is able to satisfy his personal needs and to accept the role and status accorded him by the value system of his community.

There are two types of adjustments confronting the individual in relation to his social roles: (*a*) that normally required by the social category to which the individual belongs, and (*b*) that resulting from a shift in role from one social category to another, which usually aggravates the attendant problems of adjustment.

The two problems are quite distinct. If, in the course of his life, a man remains in the same role, while other roles which were formerly subjectively rated on a parity with or beneath his own increase in prestige, he suffers a reduction in status, notwithstanding the fact that his role may have remained stationary or actually improved. Studies of role and status that do not penetrate beneath the objective facts to the changing evaluation of the culture and the subjective attitudes felt by those who participate in it have little to contribute to our understanding of human relations in general or aging in particular.

Space does not permit a review of the way in which these problems vary with regional, rural, rural nonfarm, suburban, urban, and metropolitan distribution or with position in the class structure, racial and ethnic origins, voluntary and involuntary retirement, financial ability, occupation, education, religious affiliation, family integration, self-identification with aging, and many other sociocultural factors.

Suffice it to say that there has been little investigation of the more fundamental sociological problems of these categories as evaluated by the community or by the aging persons themselves. Such an objective factor as decline in socioeconomic status, for example, is relatively easy to measure. It is valuable so far as it goes, but it is an inadequate index of the sociological problem of aging. It can only be interpreted in the light of the subjective attitudes of satisfaction or dissatisfaction of the person with his new role and status, and of the equally subjective cultural value system that conditions these changes.

As the research of Burgess has disclosed, even so objective a measure as a count of the activities participated in by the aged correlates but moderately with personal adjustment to aging, from which he concludes that "it is just as important, or even more so [to] get at the subjective reactions" and "self-conceptions of older persons" through their introspective reports of their attitudes and states of feeling as it is to study their objective situations (*3*).

Furthermore, these questions of attitude have as their correlates corresponding questions of value. To what extent, for example, do conceptions of the self as culturally derived affect

the adjustment of the aged? The available data indicate a significantly higher degree of maladjustment among those who identify themselves as old than among those who are in fact 70 or older. It has also been noted that those under 70 who identify themselves as old show a slightly higher ratio of maladjustment than those 70 and over who identify themselves as middle aged. It would seem, then, that although age identification is a factor in maladjustment, the importance of this factor cannot at present be assessed. The degree to which age identification is influenced by psychological factors resulting from such physiological and social changes as loss of mate or loss of role and status due to physical and mental deterioration is unknown. But one thing is certain, under the prevailing value system of our culture, to identify oneself with the aged is to accept a negative social evaluation of the self.

The simplest part of the sociological problem of aging, then, is to ascertain the objectively determinable physical needs of the aged (chiefly economic security, housing and medical care, and recreational and other leisure-time facilities), and to provide for them.

But knowledge about and suitable provision for the less tangible and more subjective sociocultural needs present far more difficult problems for both social research and social action. Chief among these are needs associated with the more subjective values of religion, emotional security, personal independence, and social status and role. Among these the religious needs should be the easiest both to determine and to satisfy.

Retirement

The needs for independence and for social role and status present far different and more difficult problems. It is in these questions of social role and status that the sociological problems of gerontology chiefly consist.

Preliminary research, for example, indicates that it is involuntary retirement rather than financial ability per se that is associated with initial adverse reaction to retirement (*4*). Cavan and associates report that, other social categories being equal, old people who have had a hard life keep their faculties much better and make a more realistic adjustment than those who have had an easier one (*5*). Nevertheless, voluntary and enforced retirement show a high correlation respectively with positive and negative attitudes toward that status. Voluntary retirement presents few problems of personal maladjustment in making the transition. But most of those forced into involuntary retirement undergo at least temporary maladjustment. Although financial ability or inability to retire seems to make little difference in the immediate adjustment to retirement, the financially able adjust more quickly than those who are compelled to find or to accept new sources of financial support (*6a*). The burden of retirement therefore rests most heavily on the lower classes, few of whom are able to retire voluntarily. Lack of regular activity is several times as prevalent here as in the middle and upper classes, and most of them desire to return to work. This is confirmed by the tendency of able-bodied retired workers to return to full employment when the opportunity to do so becomes available. Those who are physically unable to continue at their former occupations would rather transfer to less strenuous jobs with less loss of income than retirement would impose, bitterly as they may resent the loss of status involved. Prevailing cultural evaluations make it difficult for the worker to adjust to a lowering of status within the established heirarchy of employment roles.

There is no substitute for gainful employment for this group, both because of economic need and because their limited range of interests provides little motivation to engage in other forms of satisfying and creative activity. Such persons have little to retire to except retirement, owing to the difficulty of developing new interests and changing old habits. It is for these groups that the day care centers, such as the center sponsored by the New York City Welfare Department, fill an urgent need. Most of the clients of these centers are public welfare recipients, many of whom live alone or are left to themselves while other members of the families with whom they reside are at work. The department reports a notable reduction in the medical care needs of their participating clients, and not one case of hospitalized mental illness among the participants (*7*).

Three-Generation Family

During the depression, responsible citizens first realized that changes in the social structure of family and community life and in public opinion had been so great as to render the older conceptions of family care inadequate and difficult, if not impossible, to enforce legally. For in the traditional three-generation family the rights of the elders within the family circle stemmed less from the legal obligation of their offspring than from the force of custom and strong feelings of filial obligation. These feelings survive in European culture somewhat more strongly than in our own and are still recognized in the peasant concept of *Ausgedinge* or *Altenteil* (*6b*). As Mumford has said, "probably at no period and in no culture have the old ever been so completely rejected as in America during the past generation" (*8*).

It is this loss of role and status within the three-generation family that constitutes the sociological problem of aging. Any program for the aged that does not provide a community substitute for the range of vital interests and socially valuable functions provided by the traditional three-generation family is sociologically unsound. Many current developments in community planning for older people merely aggravate this problem. They provide a segregated community of beauty, order, and convenience, with excellent housing and recreational facilities and physical and medical services. But by congregating their clients (or should I say, their victims) in segregated communities, they further isolate them from normal interests and responsibilities.

No amount of amusements and hobbies, invaluable as they are in individual cases, can provide the savor of reality and the zest for life of normal participation in the activities of a mixed community, and restore to the aged the role and status, the social acceptance and self-respect they formerly enjoyed in the three-generation family at its best. Without these, the finest provisions for housing and physical care can furnish nothing more than a first-class ghetto. As the resident of one such model project complained bitterly, "All we do here is to wait for each other to die. And each time we say, 'Who will be next?' What we want is a touch of life. I wish we were near shops and the bus station where we could see things" (*8*). Man is a social being with many nonphysical needs that can be satisfied only by active participation in the common life of his fellows.

We shall not have attained a healthy and socially mature society until we have developed roles for every age category in the community and a social status commensurate with the role performed. Nothing can provide the satisfactions of gainful employment for those able and willing to continue it.

In the increased leisure of those who have successfully adjusted to retirement or semi-retirement there exists a vast potential for public and social service which we have hardly begun to tap. But such voluntary services are little more than busy work unless they are integrated as essential parts of community life. They can provide their participants with a realistic sense of doing something that is important and valuable only if they are regarded by the community as having importance and value. For this group, it is especially important to lift the barriers to employment based on chronological age and to substitute capacity to function.

Prevailing Values as Barriers

An adequate and comprehensive program of social action on behalf of the aging must await the development of a new social philosophy and its incorporation into a new set of folkways and mores with regard to their capacities and needs. Even the limited research now available in these fields is not generally known. Consequently, public opinion and policy lag considerably behind even what we know. This lag is primarily due to the resistance of the prevailing value system with its emphasis on youth, speed, initiative, and inventiveness at the expense of such qualities associated with age as maturity of experience, judgment, skill, and reliability.

Unfortunately, this lag has been in part institutionalized in plans which implement the conviction that it is desirable to retire the older to make room for the younger workers with new ideas and eager for advancement. The accent on youth has found reenforcement in such sentimental slogans as Ellen Key's, "The twentieth century as the century of the child," and more

recently by such sociological fallacies as the famous definition of the family as a group of interacting personalities built up about the child, or the emphasis of child guidance workers upon the parent-child relationship as the most fundamental of human relationships, rather than the husband-wife relationship. For not only is the husband-wife relationship prior in time to the parent-child relationship, and more enduring, but it is a major factor in determining what quality of the parent-child relationship can exist.

Perhaps we are in danger of a corresponding distortion in our philosophy of aging by such verbal legerdemain as "the golden years," and "the best is yet to be." But to those who are experiencing the realities of the departure of children, loss of spouse and friends, impairment of health and vigor, reduction of income, and loss of role and status, there is nothing either golden or good. As one resourceful lady of 72 put it, "When one has given her life to serve others, first children and later other members of the family, and when they are gone and one is all alone—there is no longer any use to live, life has lost its meaning, there is no substitute" (*9*).

Indeed, such expressions may become occasions of further frustration. For as Cottrell has shown, the degree of adjustment to social roles which society assigns to its categories, including age, varies directly with the clarity with which such roles are defined. Lack of clarity and consequent maladjustment result from any "discrepancies between what is given verbally and what is demonstrated in practice" (*10*).

A fundamental reorientation in the prevailing value system is required, since the degree of adjustment to any role varies with the consistency with which others respond to one in that role (*10*).

Fundamental Philosophy

It is entirely proper to take a more optimistic attitude toward old age in general than is now current, but a realistic philosophy will pander to no hopes or sentiments that are incapable of practical realization. It will recognize four basic facts:

First, that there is an irreducible number of the aged incapacitated for participation in any active program.

Second, that there are large numbers who are capable of sufficient rehabilitation to resume activities outside their homes.

Third, that some of these lack abilities or motivation for participation in activities beyond recreation and entertainment.

Fourth, that for many others there exists an urgent need for discovering and developing economically and socially productive roles offering opportunity for continuing, even if decreasing, individual satisfaction and status in the later years. One of the most distressing aspects of aging is maladjustment from frustration due to a culture that denies roles and status to which the aged are still entitled as a matter of right by their potential contributions to the common life. But the physiological changes of advancing years make changes in social roles ultimately inescapable.

Actions designed to facilitate shifts in roles will require much more extensive and detailed sociological research than is now extant. These must include:

1. The determination of roles appropriate to the disabilities involved.

2. Technical case and group procedures to assist the aging in the process of transition. A realistic understanding of the social worth of the new role must be developed, and the aging must have opportunities to identify themselves with these roles through intimate individual contacts, imaginative practice or dramatization, or actual participation.

3. And most difficult of all, a transvaluation of the prevailing system of values in our culture so that the new roles assumed by the aging may be appreciated. This is an essential basis for any program which the aged themselves can accept as realistic and satisfying.

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PHS Staff Appointments

Dr. James V. Lowry is the new chief of the Bureau of Medical Services, Public Health Service, with the rank of Assistant Surgeon General. Deputy chief of the Bureau since 1957, he succeeds Dr. John W. Cronin, who died in March 1958.

On June 1, 1958, Dr. Arnold B. Kurlander was appointed deputy chief of the Bureau; and on July 1, Dr. John C. Cutler became Assistant Surgeon General (Program Operations) in the Office of the Surgeon General, the post previously held by Dr. Kurlander. Dr. Cutler has been assistant director of the National Institute of Allergy and Infectious Diseases, Public Health Service, since the beginning of 1958.

Dr. Lowry's assignments in the Public Health Service, which he entered in 1937, have covered clinical medicine, research, and medical administration. After serving with the National Institute of Mental Health from 1947 to 1954 with the responsibility for the development of community mental health services, he spent 3 years as medical officer in charge of the Public Health Service Hospital in Lexington, Ky.

Dr. Kurlander, a member of the commissioned corps since 1940, served as tuberculosis control officer in the Arizona and Ohio State Health Departments and was assistant professor of preventive medicine at Ohio State University. He came to Washington, D. C., in 1950 as chief of the State Aid Branch, Division of Tuberculosis, Public Health Service, later becoming assistant chief of the Division of Chronic Disease and Tuberculosis, and then chief of the Chronic Disease Program.

Dr. John C. Cutler entered the commissioned corps in 1942. Two early assignments were with the Public Health Service Venereal Disease Research Laboratory at Staten Island, N. Y., and the Pan American Sanitary Bureau for venereal disease research studies in Guatemala.

Subsequently, Dr. Cutler was detailed to the World Health Organization to direct a venereal disease control demonstration team in India.

In 1951 Dr. Cutler became chief of the Technical Aids and Services Branch of the Public Health Service Venereal Disease Division, and in 1954, program officer working in planning and evaluation of specific disease control programs in the Office of the Chief, Bureau of State Services. Three years later he was named chief program officer for the Bureau.

M. Allen Pond, who has been on detail from the Public Health Service to the Office of the Secretary of Health, Education, and Welfare since 1953, was given the rank of Assistant Surgeon General on June 15, 1958. Mr. Pond is staff assistant to the special assistant for health and medical affairs in the Office of the Secretary.

Harry G. Hanson, director of the Robert A. Taft Sanitary Engineering Center, Public Health Service, Cincinnati, Ohio, was promoted to the rank of Assistant Surgeon General on June 1, 1958.