

Aging and development in late adulthood: the best is yet to come?

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Introduction

Thirty years ago I was fortunate to be a graduate student at the University of Chicago which had the great distinction of establishing the first human development department which was focused on aging using the life cycle approach. The Committee on Human Development, as it was then known, comprised eminent scholars from the fields of anthropology, sociology, psychology and biology – a recognition that the multidimensional nature of human development and aging required a multidisciplinary approach. It was an exciting and groundbreaking programme that radically changed the traditional perspective and policies on aging. My dissertation advisor was a woman who was well known in America, Professor Bernice Neugarten, who was one of the first great scholars in ageing and human development. .

When I came back to Ireland in the late 1970s, I was two thirds way through my doctorate. One of the first conference presentations I gave was to the Irish Medical Organization entitled *'Middle age and ageing, the best is yet to come?'* There was a positive response to my research and ideas on aging but back then nobody quite knew where to pigeonhole the life-span approach to aging. So, after about three years of trying to look for research money to finish my dissertation and, in these pre internet days, of trying to keep my life line to the University of Chicago open, I finally gave up. Starting from scratch, I went to the other end of the life cycle and did my PhD on attachment in children. So I am very happy to be revisiting my original interest, and in honour of my first attempt, I chose a variant of the title of that first presentation on aging.

Thirty years on, Ireland is a very different country. It has established a strong track record in policy innovation and entrepreneurship. The Ageing Well Network is itself strikingly innovative in structure and ambition. With aging identified as one of the key themes of the coming century, set to experience a revolution not just demographically, but also scientifically, the Network is positioned to be a powerful and significant driver of this agenda in Ireland, as are its eminent members—individually and collectively.

Bold vision, fresh model, new language.

At a recent meeting of the network, I was honoured to share a speaking platform with March Freedman, a leading American writer and social

entrepreneur on the issue of aging. In his most recent book¹, he surveys the many interesting initiatives in the US that are enabling older people to invent a new life cycle phase of work - the 'encore career'.

Encouraging as these signs are however, he cautions that they go only part of the way towards addressing the scale of the transformation required to turn the ageing of this generation from a crisis into an opportunity for personal and social renewal. In that context, he asks: "*How can we go beyond the current patchwork of opportunities? How can we meet this new generation of individuals halfway, and in time for the population explosion in front of us?*"² His answer is to call for 'new deal'—an idea, of course, which has a tremendous resonance in America in terms of Roosevelt's New Deal in the 1930s. Freedman's new deal would comprise a new social contract for older people that offers continued income, identity, social connection, and the promise of purpose and significance in the second half of life. He concludes: "*Realizing this vision will take more than promising pilot programs and fiddling around the edges of policy changes. The magnitude of what is occurring is so great, the consequences so vast, and the obstacles sufficiently significant that only big thinking and bold action will do the trick.*"³

I will take that rallying cry as my theme for this paper. In that context, I looked through the Position Paper on Participation prepared by the Network. It is a comprehensive and useful account of the plethora of aging initiatives and projects. However, even though individually these are very good initiatives and projects⁴, nonetheless it is a patchwork that is quite disconnected and that will require more than bureaucratic joining-up to deliver our own Irish version of a 'new deal'. Rather, it is going to require a new deal, a much bigger and bolder vision of aging and what we want it to be for this generation.

I believe that to realise that vision and make it a reality, we need not just new initiatives on the ground, but new conceptual models of what we mean by healthy ageing. We need a new language about ageing that will inspire and underpin that bold vision and will energize what we are attempting.

Ageism, sexism and language

¹ Freedman, M. (2007). *Encore: Finding work that matters in the second half of life*. PublicAffairs. New York

² Ibid. pp. 176

³ Ibid. pp. 178

⁴ I am not going to address the strengths and weaknesses of any of the projects in this paper. However, the National Economic and Social Forum, which I chair, is undertaking an evaluation of the implementation of a range of aging policies and we may be in a position to address this issue in 2009.

I want to start with one sentence that struck me in one of the initiatives listed in the Position Paper. It is contained in the Madrid International Plan of Action on Ageing which was adopted by the U.N. member states in 2002. The plan refers to the need to '*promote understanding of ageing through public education as an issue of concern to the entire society.*' I think it is so interesting the way the word 'concern' creeps in, even to the most well intentioned of initiatives. If you look through the lists of initiatives and projects in the Position Paper, you will see how implicitly or explicitly 'concern' insinuates itself.

We might think it odd, for example, to see a protocol designed to '*promote understanding of adult life through public education as an issue of concern to the entire society?*'

We might surely ask why adult life should be understood as 'an issue of concern'? An issue of importance and interest yes, but not concern. We would object to the word 'concern' because we understand adult life to be multifaceted – characterised by new capabilities, new life tasks, and new challenges – not just with problems. Yet we accept the merging of aging with problems. For the same reason, I take issue with words like older people 'having a contribution to make'. It is patronizing, a kind of "let's bring on the old dears because they have a contribution to make". We would be unlikely to introduce anybody in this network as someone 'who has a contribution to make'. It is simply assumed that capable adults have a contribution to make.

Are there problems and concerns related to ageing? Of course. Do older people depend on society to meet some of their needs? Yes. But let me state the obvious: there are problems at every stage of the life cycle. At every stage there are new capacities, challenges, and opportunities. All human beings, of their nature, are consistently involved in a two way process of give-and-take with society. Sometimes the balance is give and sometimes it's take and then it changes again. Older people are no different.

I think this is important because it is revealing of a mind set that persists about ageing. Most people generally subscribe to the idea that ageism is bad and needs to be combated. But we have little idea of the scale of the battle that is ahead of us in that regard. I believe ageism today is where sexism was in the 1970s. In the 1970s when women began to try to change their position in a radical way in society, the struggle started with the language used to describe women. There was a predictably impatient response to that linguistic struggle: much eyebrow-raising, head shaking and tut-tutting about why women were making such a fuss about things like whether they were to be called Miss, Mrs. or Ms. Surely all that mattered was *doing* something about women? But the trouble was that doing something – in the form of action or policies- rested on a particular understanding of women's position, role and capabilities and that understanding was contained and shaped by the language.

Similarly, today, when people try to combat the language of ageism, there is often the same impatient response: we all have important work to do, let's

move on. Well, we actually cannot move on effectively unless we take this issue of language head on.

I think that that ageism today is a bit like the sexism in the 1970s. Sometimes it is explicit. I marvel that some people still unblushingly refer to 'not wasting' mainstream jobs, training and educational places on older people, when young people need them more. Re-run that sentence through but this time substitute 'women' for older people and 'men' for young people. More often, however, ageism is implicit. It coils around policies, it is hidden in weasel words like 'concern', it fogs up discussion and often has the effect of making older people actually invisible. At the very least, it affects us to the extent that when we get around to thinking about ageing it is often the last item on the policy agenda that is approached with a bit of a sigh.

I think that we are very far away from having a clear campaign about how it is we are going to change ageist language (and the attitudes that underlie it) and what we want to replace it with. The very confusion about language reveals how at sea we are in understanding the phenomenon of modern aging: 'the elderly', 'senior citizen', 'pensioner', 'golden oldie'. For all the feisty talk of being older and bolder, I think ageing still summons up ghosts of inevitable vulnerability and decline for an awful lot of people.

I struggled myself throughout the entire time of preparing this paper to find an appropriate language to describe older people. What I like so much about Marc Freedman's approach is that his ideas, his language, and his recommendations integrate seamlessly into the language, ideas, and recommendations that we apply to the young. He talks about 'national sabbaticals' for individuals completing the first half of midlife work and 'gap years' for older people. That is much closer to the way we should be thinking about and talking about older people: a kind of "what's next" rather than 'what's gone' approach. We sorely need a hopeful, non-ageist attitude to permeate what we plan for older people because that will significantly influence how well we implement that plan. More than anything, we need a vision, a model and a language that conjures up the idea of the integrity of the life cycle, which in my view is the only way we can truly approach ageing.

The life cycle approach

The concept of the life cycle has finally embedded itself in Irish policy making and that is a very welcome development. It is behind the creation of the Office of Older People and the Office for Children. But we must be careful that we don't allow a rather diminished understanding of the life cycle- the concept of rigid life stages - to take hold. Life stages are useful organising concepts but are not uniform static categories that we enter smoothly when we reach a particular age and exit smartly when we reach another. A central aspect of the life span development approach is that it upended the traditional view of life. Until the explosion of life-span developmental research in the 1970s, the traditional view of life was growth in childhood, maturation in adult life and decline in old age. In contrast, the life-span developmental approach emphasizes that development occurs at all points of the life cycle, from

conception to death. In other words, development and ageing should be seen as similar or maybe even synonymous terms, not as contrasts - that somehow development is good and ageing is bad. If we were to start thinking within that framework, aging would be approached as being simply another progression of development: of capacities, needs, desires and challenges. Such a model of development provides a seamless integrity to understanding aging.

Four principles of Bernice Neugarten

When I went back to look at Bernice Neugarten's work⁵ I came across her four principles that informed her work which I think are well worth repeating.

1. The life span perspective is the proper one and the only one for studying ageing.
2. Individual and group differences and irregularities in patterns of change are the overriding realities.
3. Age is a poor indicator of the individual's condition or behaviour and therefore a poor basis for policy making.
4. Age integration should be a major policy goal for society.

She stated those four principles in idiomatic terms:

- Everybody grows older all the time.
- Everybody is different.
- Everyone knows that age itself is not important
- Everybody is in this ageing business together.

In my view, these principles provide an innovative and intellectually coherent basis for thinking about how we approach aging. I will take each in turn use them as a framework for my observations.

1. The life span perspective is the proper framework for studying ageing.

More than anything, we need to see later adulthood – the term I finally settled on- as 'lives in progress'. To think of adults in later adulthood in such terms brings with it enormous coherence. Because, if the lives of those in late adulthood are indeed 'lives in progress', then the dimensions that have always characterized their lives are still going to characterize their lives, although they may take a different form and expression. It means, for example, that if work was important to you throughout your life, for psychological and social reasons, then it's likely to continue to be important. If family was always important to you, if contributing to the community was always important to you, if being involved in the arts was always important - the basic motivations that drive the desire to achieve, to bond and to contribute to

⁵ Neugarten, B. (1982). *New Perspectives on Aging and Social Policy*. The Leon and Josephine Winkelman Lecture. University of Michigan.

others are unlikely to change in a fundamental way as you age. At every stage, lives are in progress.

We know that the stage of late adulthood is significantly shaped by what came before. We know this to be true at every stage of life. For example, when the National Economic and Social Forum (NESF) first started to examine the area of early school leaving⁶, our focus was on vulnerable adolescents, and the school and social policies directed at them. What became clear is that if we really wanted to understand the phenomenon and to frame effective policies around it, we had to start looking at what happens during the transition to adolescence, in national school, in pre-school and in early parenting.

This is also likely to be true of aging. We will not understand what constitutes and shapes a happy, healthy and fully-lived late adulthood until we understand what happens earlier in the life-cycle. At an individual level, many of the choices made when we are young and particularly when we are middle aged, are going to significantly determine what we are like in later life. Such a life-span approach -underpinned by empirical research – would give coherence to policies on aging. It would inform our ideas about the social landscape that we want to shape. More than anything, such an approach embeds policy-making that is preventative and proactive.

Such an approach also needs to be communicated at individual level so that people can better understand and plan for their later adulthood. Post-Freud, there is a greater acceptance that the things that happen when we are young affect us when we are older. But there is another whole revolution to go, so that people understand that the things that they do, the decisions that they make when they are in their twenties, thirties, forties and fifties are going to significantly determine how they are going to be in late adulthood. Apart from fitful attempts to get young people to think about pensions and giving up smoking, we are poor at getting across the more general message of the integrity of life.

2. Individual and group differences and irregularities in patterns of change are the overriding realities

It is obvious, but it still needs to be said: many people of the same chronological age are more different from each other than they are different from people of other ages, in terms of work, family, social responsibilities, health status, and economic status. Or put another way, people of the same chronological age may have more in common with other age groups than they do with their own. You can think of very simple examples. Take a 65 year old middle class professional man who has just retired on a very good pension; who has a range of non-executive directorships open to him as well as opportunities for social entrepreneurship. He is planning a nice mix of work and travel with his wife and friends. Or take a 65 year old woman who is

⁶ Early School Leavers and Youth Unemployment, National Economic and Social Forum, Report No. 11, 1997

poorly educated; who never held a full time job; who is recently widowed, who has chronic diabetes and who is living with an adult son with mental health difficulties. Or take a man of 55, widowed with two adult children; recently remarried and about to become a father again. In terms of almost everything that counts – health, education, income, family responsibilities and opportunities - there are more differences between and among those people than there are similarities and age is the least important of the similarities, and the least predictive of their lives.

At a group level, there are also interesting studies of different patterns of ageing, but they need to be updated. As a consequence we have little idea of the different styles of ageing, what determines those styles and what their consequences are for general wellbeing.

A life-span developmental perspective also allows for difference at cohort level. Each generation ages differently. The cohort of people now approaching later adulthood in most western developed economies are very different than the generations that came before them - in terms of education, health, income, experience, expectations of service providers, media and technical savvy, information and exposure to a wider world, high expectations of service providers and a host of other variables. So looking to the past as a way of guiding us to the future of ageing is likely to be non-productive.

These differences in experiences can shape cohorts and reshape society in radical ways. The work by Glen Elder⁷ in the U.S. provides a fascinating insight into this process. His research revealed how the cohort of people who were children during the great depression in America was radically shaped by that experience. For many, the economic upheaval led to disrupted childhoods – fathers unemployed and often forced to leave the family to find work; mothers forced to work outside the home. When these children came of age, married and set up families themselves in the mid 1940s and 1950s, the shadow of their childhoods significantly shaped their choices about work and family.

This was the generation who decided to restore and secure the traditional roles of male provider and full time mothers. Husbands and wives determined that mothers were never going to have to go to work and leave their children; that fathers would never be without a job; that their children would have the good life they never had as children. That cohort ushered in the era of the corporate man, the stay-at-home Mom, with new urgent responsibility for child welfare and the corresponding rise of child-rearing gurus like Dr. Spock. That generation of parents created the ideal of the suburbs. They created a baby-boom of well educated and indulged children. Courtesy of Dr. Spock, such children had a high premium put on their self-esteem and self-expression. They were taken seriously. When this big cohort of children came of age, they burst on to the American university system in an unprecedented wave. There were not enough places for them, the educational system simply

⁷ Elder, G. (1974) *Children of the Great Depression: Social change in life experience*. Chicago; University of Chicago Press.

wasn't ready for them. Tired of what they saw as the constraints of suburban, conservative two parent family they broke out. This was the generation that took to the streets; protested against Vietnam; put flowers in their hair and smoked pot. They planned world revolution and up-scuttled the trappings of their carefully nurtured childhoods. It is a brilliant study of cohort effects and we have nothing like it in the field of aging. In addition, we do not have the longitudinal data bases in Ireland to begin such studies. While the current cohort of Irish people entering later adulthood are unlikely to create such a social revolution, they are very likely to change the face of aging as we know it.

3. Age is a poor indicator of the individual's condition or behaviour and therefore a poor basis for policy making.

Bernice Neugarten used to tell an anecdote to illustrate that principle: a woman who was 80 years old went to a doctor complaining of problems with her left knee. The doctor said to her 'What do you expect? You're 80 years old'. The woman replied 'Doctor, my other knee is 80 years old and I have no problem with it'. I think the story illustrates that age is very often used as a lazy way of explaining things and avoiding having to investigate in a deeper way.

Neugarten's third principle is holds even more true now than it did thirty years ago, Age is an empty variable. Moreover, age stages themselves are becoming very blurred. Although the common conception is that old age begins sometime between age 60 -65⁸ there is huge variability. For example, many consider middle age to extend to age 75 ⁹. In a study conducted by the National Council on Ageing in 2000 in America ¹⁰ nearly half of those aged 65 to 69 and a third of those in their seventies consider themselves to be middle aged. More recent research¹¹ revealed that half of those between the ages of 60-75 consider themselves as middle aged. These are interesting findings.

If half of those aged 65- 69 consider themselves middle aged, they will not identify with traditional views of aging. When policy makers and advocates make pronouncement about aging and the aged, they will think 'this is not me. You are talking about someone else. You are not talking about me'. Increasingly, people increasingly define the upper end of the life span or 'old age' as associated with a decline in physical health, not age per se, a point I will return to below. This rapidly changing conception of aging exposes the limitations of thinking about life stages the way we are currently thinking about them. Moreover, as we live longer and remain healthier for a greater

⁸ Lachman, ME & James, JB. (1997) *Multiple Paths of Midlife Development*. Chicago: Chicago University Press

⁹ Lachman, M.E. (2001). *Handbook of Midlife Development*. New York. Wiley.

¹⁰ National Council on Aging (2001) *Myths and Realities 2000 Survey Results*. Washington, DC:NOCA

¹¹ Lachman, ME. (2004) Development in Midlife. In *Annual Review of Psychology*. 55: 305-31.

proportion of our life span, the prediction is that those age limits are going to be extended upwards even further¹².

Thus, the way we psychologically define ourselves and the way we define our age stage is constantly changing. This is not a trivial point. Middle-aged adults typically report feeling about 10 years younger than they actually are, and that in turn is associated with greater health and well being¹³.

Social class also determines life stages.¹⁴ People of lower SES. go through the life cycle faster psychologically. They think of themselves as being younger earlier and think of themselves as being older earlier. So they have a more accelerated journey in their own minds through the life cycle and that in turn has implications for their health and well being – putting them at higher risk for heart disease and other illnesses¹⁵. So it is not good for people to be thinking that they are old too early.

The implication of these changes underlines again Neugarten's contention that age itself is increasingly becoming an empty variable in terms of its power to predict or explain individual outcomes and circumstances and in terms of its usefulness for good planning and good policies.

At the same time, we can't ignore life stages all together. People do have a sense of different life stages that carry a distinctive set of roles, opportunities, responsibilities, and challenges. I will make two points about that.

First, as mentioned earlier, the onset of 'old age' is increasingly associated with a decline in health. In a national sample in the US¹⁶, in 12 key life domains rated by respondents, there were no age differences except in the domain of health, where problems were expected to get worse – although in areas of stress, job, and leisure time, problems were expected to decrease. Thus, as in all life stages, there are gains and losses. However, with age, there is an increasing likelihood of health problems. In very late adulthood, biological markers in relation to physical dependency become important, like they are in childhood. Bearing those findings in mind, there is a case to be made for returning to the original Neugarten¹⁷ distinction of 'young-old/old-old' or 'healthy old/frail old' because it is a more real distinction. It captures better what people think and also the reality. In this paper, I am not going to deal with the issues arising in relation to caring for the frail elderly. That is another day's work.

Psychological markers of life stages

¹² Ibid

¹³ Montepare, J. & Lachman, ME (1989). "You're only as young as you feel" Self perceptions of age, fears of aging, and life satisfaction from adolescence to old age. *Psychol. Aging*. 4: 73-78

¹⁴ Kuper, H. & Marmot, M. (2003). Intimations of mortality: perceived age of leaving middle age as a predictor of future health outcomes within Whitehall 11 study. *Age Ageing*. 32: 178-84

¹⁵ Ibid

¹⁶ Lachman, ME. (2004) Ibid.

¹⁷ Neugarten, B. & Hagestad, G. (1976) Age and the life course. In *Handbook of Aging and the Social Sciences*. Ed. R. Binstock, E. Shanas. Pp. 35-55. New York: Van Nostrand-Reinhold.

Second, other stages of the life cycle are also experiencing a similar fluidity, and life stages are increasingly characterized by psychological markers rather than age itself. Studies of young people aged 18-25, for example, have identified 'emerging adulthood' as a distinct period demographically, subjectively, and in terms of personal identity.¹⁸ The biological changes of early puberty, the near universal secondary school education to the age of eighteen, and the extended time to get training for professional life and careers mean that young people now do not think of themselves as achieving adulthood until their late twenties or early thirties.

Interestingly, major demographic transitions such as finishing education, settling into a career, marriage and parenthood rank at the bottom in importance as criteria for entering adulthood. Instead, psychological markers or qualities, such as accepting responsibility for yourself and making independent decisions for yourself were the true markers.

My sense is that a similar process is happening later in life. The entry into late adulthood is becoming less and less dependant on the traditional demographic markers and signposts, such as retirement, receiving the old age pension, or becoming a grandparent and much more influenced by subjective criteria or psychological markers. I believe understanding these psychological markers is going to be really important in shaping this new age-friendly society. We know very little about what those markers might be.

I also that the psychological tasks identified with different life stages have also become more fluid. For example, Erickson¹⁹ identified attaining generativity versus despair as the crucial struggle and task of midlife. At midlife, individuals become concerned with assuming responsibility in a new way for new generations of adults and their personal legacy: 'What am I going to leave behind? What's my legacy? What has my life amounted to? What contribution or footprint am I going to leave behind me?' This generativity can find expression in families, in work and in communities. If it is stifled, the experience of stagnation; a sense of not growing, of being invisible, not counting.

In late life, the developmental task becomes integrity versus despair. A sense of integrity is achieved by being able to pull together, put meaning on, and integrate all the different strands of your life, to feel you understand and accept what made you the person you are, and the life you have made. It is a sense of dignity about your life, knowing what you still want to do and being enabled to pursue that with a renewed energy, better purpose, more focus and better balance. Despair occurs when you are unable to do that, and instead feel that your life lacks has been wasted and lacks dignity, and that it is now too late to change anything.

¹⁸ Arnett, JJ. (2000). Emerging Adulthood: *American Psychologist*, (may) 55, 469-480.

¹⁹ Erikson, E. (1963). *Childhood and Society*. New York: Norton. 2nd Ed.

The process of attaining integrity is still an important part of wellbeing and personal growth as we age. But given that so many people in late adulthood think of themselves as middle-aged, it is highly likely that they are still very engaged with the attainment of generativity. We will have to urgently find new ways that people in late adulthood can find expression of that need within their families, at work and in their communities. Similarly, we need to think long and seriously about how we can help those at a later stage achieve a sense of integration. What kind of psychological and social supports can we create to do that?

4. Age integration should be a major policy goal for society.

Finally, the last point – ‘age integration should be a major policy for society’. The obvious point needs to be made again: every society structures itself to try and meet basic human needs, for survival, for connection, for achievement, for learning, and for meaning and we do that in a plethora of institutions, associations, initiatives and projects. In the 1970s, in response to the women’s movement, we started the job of trying to reshape every one of those institutions, associations and projects so that we could achieve gender equality. That’s what the law did, what government did, what business did, what academics did, what educational institutions did, what civic and voluntary associations, and women themselves did.

We reshaped the world for women, and while the job is hardly complete it is well on its way. We are going to have to do the same for older people. That’s what I mean by age integration. It is not enough to set up initiatives and projects aimed at meeting the needs of those in late adulthood – although that is important. Rather, we have to reshape society and all of its institutions, to include the needs of older people – just in the same ways we did for women. Nowadays, we would not think about education, health, family life, family policies, the work place and a host of other issues without thinking of the gender issue. The same is going to have to happen for ageing. It must become inconceivable that we would think about or plan for any of those issues without including the needs of older people. That is what I mean by age integration. It should be an ethic, it should be a principle, it should be an obligation informing how we do all our business.

Conclusion

I have tried to set out the intellectual landscape within which we can begin to think creatively about making Ireland a great place in which to grow old. Finally, it may be useful to think about that bold aim within the defining characteristic of the age we live in. The sociologist Ulrich Beck²⁰ writes most persuasively about people’s intense desire in this generation to take control of their lives. He describes the choosing, deciding, shaping human being who aspires to be the author of his own life, who wants to create his own

²⁰ Beck, U. & Beck-Gernsheim, E. (2001) *Individualization*. Sage: London

biography, who wants to create his own identity as the central character of our time, the modern everyone. I hope that this paper has established that that is as true for people in late adulthood as it for those at every other stage of life. Beck also argues that if we are to help people to achieve that that we need radicalized democracies, for which many of the concepts, formulas, and institutions of current society have become inadequate. I hope that the Aging Well Network will become part of that radicalised democracy.