

Chapter 40

Long Time Coming, Not Here Yet: The Possibilities of the Social in Age and Life Course Studies

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The advance of scientific knowledge and understanding proceeds through a continuous dialectic of multiple intellectual tensions – between theory and research, and sometimes practice, and between multiple and often competing conceptual and methodological paradigms within and across disciplines. At its best, scientific work entails an ongoing discourse of discovery and interpretation guided by logic and evidence, and yet it is also a discourse that is shaped unavoidably by the biographical experience and social location of individual researchers. “Making science” is a human process, located in a specific sociohistorical space, within the broader everyday life processes through which society is continuously reconstituted. Thus, it is epistemically incumbent on the researcher to consider carefully the impact of her own life history and social location upon her work. The editors of this volume are to be especially thanked for inviting essays that encourage such reflexive work – combining a view of the field of aging and life course studies with autobiographical particularity, which is what I shall attempt in this essay.

Although I had the great benefit during the course of my graduate training of working and studying with Matilda White Riley (including taking her very first *Sociology of Age* course at Rutgers in the mid-1970s), I had no particular interest in the study of age while in graduate school. My doctoral research was informed by interests in the sociology of knowledge, culture, meaning, and identity in late modernity. My first real substantive connection with the study of age and the life course came as a result of empirical studies of those issues via intensive qualitative interviews with targeted groups of respondents as they revealed that meaning-making is a lifelong process that can only be apprehended as part of the actor’s broader biographical experience or life narrative.

With that realization, I returned to the sociology of age and discovered the life course, as well as the fields of lifespan psychology and adult development, as I searched for frameworks and concepts that could help organize and offer insights for dealing with the rich and complex qualitative interview data I was amassing. These literatures – serving up terms and topics such as *life history*, *seasons*, *cohorts*, *stages and transitions*, *fallacies*, *age structures and allocation*, and *change vs. constancy* – represented several distinct paradigms and offered a provocative range of multiple and competing approaches to understanding human development and aging over the life course, often leavened by lively debate and a sense of discovery.

Nevertheless, what I found most striking in this array of approaches to aging and development over the life course was not their *differences* but two underlying *similarities* that characterized most of them, and that many had in common: (1) a predilection to envision the basic contours of aging primarily as an organismically grounded individual process and a corresponding lack of recognition of the magnitude of the importance of social forces to account for age-related patterns and outcomes

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and (2) a lack of attention to the role of institutionalized power relations in society in shaping both the life course and its study, inviting an implicit assumption of a generally benign relationship between social structures and dynamics and individual needs and aging.

Thus, rather than providing the framework I was seeking for my own research, what I found in this set of literatures was a cluster of theoretical assumptions and substantive assertions that themselves needed to be scrutinized and critically analyzed. As a consequence, I began to focus my scholarly work on the implications of social theory and sociological knowledge for aging and the life course (e.g., Dannefer 1984, 1987), and I have yet to finish the empirical studies that sent me to these literatures in the first place.

I begin with this account not for the sake of reviewing the past but because the field of aging and life course studies continues to be constrained by these same problems. The tendency toward life course reductionism, which leaves the explanatory potential of social forces unrecognized in studies of age, has consistently been – and remains – an enduring tension in the field of aging and life course studies. Moreover, even when the reach of social influence is more fully recognized (as in constructivist work), the systemic nature of social structures and processes in shaping of the life course is generally neglected. Taken together, these two problems represent what I have called a *functional-developmental symbiosis* that sustains, albeit often in disguised or subdued form, a “normal aging” view of the individual life course. The general problem is, of course, most readily visible in work that explicitly presents aging as a highly general or universal process (e.g., Gutmann 1987; Levinson 1994). However, on careful inspection it becomes clear that even many approaches that attempt to emphasize the role of social context continue to rely on a view of age does not venture far from a “normal aging” view of the individual, relying implicitly if not explicitly on an individualized and organismic view of change across the life course.

As I have suggested elsewhere (Dannefer 2011), the overall problem can be clarified by contrasting two fundamentally different intellectual postures – or *heuristic positions* – that provide alternative paradigmatic orientations to the subject matter and that are the basis for reacting to and interpreting findings. I call these the heuristic of *containment* and the heuristic of *openness*. Both of these heuristic positions recognize the challenges posed to the normal aging paradigm by cohort analysis, constructivist approaches, and related breakthroughs of the late twentieth century that demonstrated diversity in patterns of aging and the relevance of context in understanding such diversity. Where they differ is in their response to these developments. The *heuristic of containment* describes a defensive move on behalf of the “normal aging” paradigm – an intellectual predisposition to recognize and give credit to, but then promptly limit, the encroachments of external forces on the normal aging paradigm. The *heuristic of openness*, by contrast, describes a logic that imposes no preconceived limits on external influences and embraces the attendant complexities and challenges for measurement, analysis, and theorizing. Thus, openness implies a view that countenances the unrealized and even unrecognized possibilities for the future of the life course and of the social institutions that organize it. However, it also means that the task of the science of aging is much more daunting. If the tasks of science are to understand, bring order to, and make predictions about empirical phenomena, the heuristic of openness acknowledges that the phenomenon age and the life course are less predictable than the dominant heuristic of containment assumes them to be. And when a phenomenon is as rich, multivariate, and contingent as is human aging, it will not advance understanding to force it to conform to a paradigmatic framework selected *a priori* that, no matter how appealing, does not fit the nature of the phenomena under investigation. As Herbert Blumer (1969) frequently emphasized, the first task of science is to be true to its subject matter.

In this brief essay, I can only discuss a couple of examples of this persistent tension in aging and life course studies. I will describe one of its significant early manifestations in social science research, (cohort analysis), followed by a discussion of a contemporary instance (nursing home research and reform), which is one of several domains in which an opportunity currently exists to move beyond the heuristic of containment. This discussion will also require consideration of the special place of the life course as a social institution both in the past, and in contemplating future possibilities of this paradigmatic tension.

Cohort analysis may seem an unlikely target for this complaint. As is well known, cohort analysis was central to the successful challenge posed in the late 1960s and 1970s to the widespread assumption that cross-sectional age patterns could be equated with actual life course trajectories of aging. It demonstrated that aging is contingent on historical circumstance, and that how individuals mature and age will depend on the kind of world they experience. It posed a major challenge to a universalistic view of aging and was rightly seen as a threat by those who argued for a view of age as a transcultural, transhistorical process (Gutmann 1987; see also Dannefer and Perlmutter 1990).

By posing this challenge, cohort analysis opened a “Pandora’s box” of logical possibilities, inviting consideration of other forms of external and social influence upon aging beyond those indexed by social change. However, as I have noted elsewhere, the implications of this opening were hardly embraced. Instead, a primary mode of response to cohort analysis encouraged a tendency to equate and conflate the scope of social influence with social change, assuming that social forces are mainly visible or of interest during periods of rapid change (Hagestad and Dannefer 2001). The paradigmatic form of cohort analysis probably remains the intercohort comparison of mean trajectories, so that each cohort itself is implicitly treated as having its own normally distributed pattern of aging. This is more than curious since it takes only a moment’s thought to realize that if social influence creates change in patterns of aging, it may also be at least partly responsible for stability in patterns of aging and for the variation in age-related characteristics among the members of a cohort, as well as between cohorts.

That is why in my work I began to focus on *intra-cohort variability* and on evidence that variability and inequality tend to increase with age, which seemed to me to demonstrate clearly the operation of life course processes of social stratification and exclusion, and cumulative dis/advantage (CDA). Nevertheless, reviewers of my first submitted paper on this topic (Dannefer 1987) criticized it for lack of attention to individual-level processes, suggesting that the psychosocial accentuation of personality or other individual characteristics could be the primary factor accounting for divergence with age (see also Clausen 1993:521). Despite such efforts at *containment* of the complications social forces, I regard the CDA perspective as one domain of scholarship in which the expansion of the sociological imagination is quite manifest (e.g., Crystal and Shea 2002; Dannefer 2003; Ferraro and Shippee 2009).

In contrast to the dominant “containment” approach, the *heuristic of openness* recognizes that the discovery of cohort differences represents only the beginning of the problem of specifying external effects on individual aging, not the sum total of it. Cohort differences thus appear as only one among many potential kinds of evidence showing that individuals “age differently” (Maddox 1987), due in substantial part to the nature of their daily life experience, and life experience is inevitably socially organized and regulated.

The same tension applies in the treatment of numerous other topics in social gerontology and related literatures (e.g., lifespan theory, activity theory, family solidarity theory, cumulative dis/advantage, gene-environment interaction), as I have discussed elsewhere. In the space remaining, I focus on a significant contemporary site of the tension between these two heuristics that has real-life relevance – the topic of long-term care research, reform, and culture change. To approach this problem it is important first, however, to introduce explicitly the second major analytical fulcrum of life course studies, which is a focus on the life course as a social institution.

A concept of the age and the life course as elements of social structure is clearly present in the initial formulations of Cain (1964) and Riley and associates (1972), but it was most systematically elaborated in the work of Martin Kohli (1986) and others in the 1980s, which revealed the significance of the life course as a social institution. The crucial importance of this perspective is that it makes explicit the power of age, not as an inherent feature of individual organisms but as having its own independent reality as a constructed, yet potent, feature of social order. Age is thus a property of social structure. Increasingly, age is relied upon in late modern societies as a central basis of social organization and reality construction.

Given the recency of this historical development (e.g., Chudacoff 1989; Kett 1977), its taken-for-grantedness is remarkable. It reflects a *naturalization* of age, as there is a widespread popular,

professional, and academic assumption that the “three boxes of life” (school, work, and retirement) and the observed empirical trajectories of development and aging represent the “normal” human life course to which the age-graded institutions of school, work, and retirement serve as *accommodations* (Dannefer 2008), meeting the age-graded needs of the normal life course. The acceptance of these institutional forms as a response to human needs and of positive benefit to human interests reflects the heuristic of containment. So unrealistic and destructive is the logic of containment when applied to institutions (and not just individuals) that it prompted Matilda Riley (among whose best friends were counted the leading functionalists Parsons and Merton) to declare the three boxes of life a reflection of “society’s failure to provide meaningful roles” in the subtitle of her book *Age and Structural Lag* (Riley et al. 1994).

Institutions of long-term care that are associated with advancing age – assisted living and especially nursing homes – can be thought of as a “fourth box.” This fourth box is officially defined as a further accommodation to the normal life course to some imagined final life stage of social and existential, as well as physical withdrawal and decrepitude, a legitimate and professionally and scientifically sanctioned form of the systematic social exclusion of elders. The resilience of this widely accepted exclusionary practice is a reflection of the depth and resilience of ageism in late modernity. It is noteworthy that it ordman nursing home life appears as a shock to frontline caregivers in the United States, who are themselves from traditional societies (e.g., West Africa or the Caribbean), in whose eyes the circumstances faced by elders appear cruel and barbaric abandonment. Their culturally grounded perspectives on aging involve hope and expectation of more for elders, in terms of quality of life and social engagement, than does the ageist culture of late modernity.

Why, then, have the devastating and well-founded critiques of the prototypic institutional forms of long-term care – as warehouses that require the “elderly” to adjust to the logic of a total institution (Boyd 1994; Vladeck 1980), as regimes that impose “helplessness, boredom, and loneliness” (Thomas 1996) and “depersonalization” and “infantilization” (Kayser-Jones 1990) upon their residents – come mainly from practitioners and professionals working in the field and not from social and behavioral scientists?

Over the past 15 years, a national movement to promote a fundamental *culture change* of rehumanization of long-term and other elder care (Fagan 2003) and to resist ageism more generally (Barkan 1995; Thomas 2004) has grown rapidly, with goals squarely in line with the intellectual concerns of established developmental theory (e.g., Deci and Ryan 1985) and progressive social gerontology. It is a movement that sees its mission precisely as combatting an especially insidious manifestation of what Matilda Riley called structural lag.

Long-term care institutions that have sought to apply the vision of this movement to change their structures and practices to be more responsive to elder residents have had some, if limited, success (Dannefer and Stein 2000; Kane et al. 2007; Weiner and Ronch 2003). In virtually every case, the critical analysis of both the contradictions of institutional practices and their adverse effects on human development and human potential came from the field and from critical practitioners while the published discourse of social and behavioral scientists on nursing homes largely contented itself to consider topics such as incontinence, caregiver burden, decontextualized recreational “therapies,” regulatory change, and a host of other topics that largely left the medical-model structure of the traditional nursing home unquestioned and therefore legitimated.

Why has the cutting edge of analysis of institutional structures and practices – and hence the call for reform – come, with few exceptions, not from social gerontology but from imaginative frontline leaders who have derived their own critiques of ageist assumptions about the diminishing lives of elders from the manifest human contradictions and destructiveness with which the empirical reality of everyday life confronted them? These are legitimate questions for social and behavioral scientists to ponder. Such unquestioned acceptance of the status quo is, of course, a reflection of the power of the heuristic of containment.

In the opening paragraph of this essay, I emphasized the importance of scientific reflexivity. When considering the current movement of long-term care reform, one obvious, overarching question is, “*Where were we?*” Where were social and behavioral scientists in analyzing the damage done by institutions and considering the possibilities for change, instead of largely accepting their basic form? I suggest that, overall, the problem can be diagnosed as a lack of development of the heuristic of openness and a reliance on the logic of containment.

In the reflexive moment, these considerations raise yet other questions. Culture change and other reform initiatives have highlighted and sought to change some adverse aspects of the treatment of elders, but they represent only a few halting steps in making institutions more responsive and in nurturing late-life development. What arenas of needed change are not yet visible? What additional frontiers remain to be explored that hold possibilities for upgrading expectations and opportunities for improvements in engagement, quality of life, and further personal development for frail and impaired elders (see Baker 2007; Siders et al. 2006)?

This brief essay cannot, of course, even enumerate the array of other questions about the tensions of long-term care reform that confront us as scholars – questions of balancing stability and change and viable aspects of existing structures with possibly risky reforms; questions of co-optation of rhetoric and trappings of reform to make unwarranted claims of transformational success; and of sustaining celebrated and publicized change initiatives after the researchers and media crews have left.

To identify and pursue the promising questions, it is clear that a rigorous and imaginative advance in considering the maximal possibilities for elders is needed. As reformer Barry Barkan (1995) puts it, “If someone has only 3% of their functioning left, we try to make it 5%.” In my view, the potential contributions of the social and behavioral sciences to understanding the realities and untapped possibilities of aging will be meaningfully advanced to the extent that we adopt a similar posture that reflects an underlying heuristic of openness.

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