

## Chapter 42

# As Time Goes By: Gerontological and Life Course Musings

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When I was a senior in high school, everyone in my class was asked to submit his or her aspiration, to be printed under our pictures in the year book. While my classmates were submitting such aspirations as “work for a tire company,” “be a beautician,” and “drive a truck,” I submitted the ambition “to be happy.” Mrs. Ludwig, the English teacher supervising the year book, said that my aspiration was “unsuitable” and told me to come up with an acceptable alternative. But I was not to be dissuaded and this can be verified by looking at the 1965 Highland High School year book where, under my smiling picture, are the words “to be happy.” I had no inkling then that I would spend about equal portions of my life course being happy and studying happiness.

During both undergraduate and graduate school, one topic of lively intellectual debate revolved around questions of whether older adults are typically satisfied with their lives and, if so, what life circumstances underlie happiness in later life. Disengagement theory (Cumming and Henry 1961) was well-established and posited that the key to a comfortable old age was to give up the roles that had structured life earlier in adulthood and to live in a smaller, less demanding world. By the time that I was in graduate school, disengagement theory was under attack on multiple fronts. George Maddox, who was one of my primary graduate school mentors, used longitudinal data from the Duke University Normal Aging Study to demonstrate that the strongest predictors of life satisfaction in later life were such high levels of social activities as spending informal time with others and participating in organizations (Maddox and Douglas 1974). Research by my undergraduate mentor, Robert Atchley, generally supported the conclusion that high levels of social engagement were the foundations of life satisfaction in later life. Atchley added the proviso, however, that the activities that promoted well-being in later life were those that reinforced pre-existing identities and emotional commitments – a perspective that he labeled continuity theory (Atchley 1989). By the mid-1970s, ground-breaking empirical data based on a representative sample of American adults documented that not only were the vast majority of older adults satisfied with their lives, they were more satisfied with their lives than young and middle-aged adults (Campbell et al. 1976).

These debates had repercussions for the field of aging far beyond specific questions about the extent to which later life is satisfying versus dissatisfying or happy versus unhappy. Before these debates, a “crisis orientation” characterized the field – a sense that older adults were a semi-invisible minority group who were systematically, if perhaps inadvertently, barred from the rewards due to them in an affluent society. And on purely objective grounds, a case could be made for that perspective. During the 1960s and first half of the 1970s, older adults were more likely to live in poverty, lack access to medical care, have disabling illnesses, and report being socially isolated than young and middle-aged adults. Research on life satisfaction among older adults did not challenge these

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objective facts, but it did challenge – indeed, debunk – the notion that these deprivations severely compromised perceptions of life quality.

The objective life conditions of old age began to improve substantially by the end of the 1970s. Legislation was passed that guaranteed cost-of-living adjustments to Social Security benefits. The first cohorts in which large proportions of members had private pensions – and most were defined-benefit pensions – transitioned into later life. As a result of these changes, within a decade the elderly moved from being the most likely age group to live in poverty to being the least likely to do so. Though initiated in the 1960s, it was not until a decade later that Medicare's contributions to promoting the health and well-being of older citizens became visible. Improved medical technology also disproportionately benefited older adults. It was in the mid to late 1970s that CT scans first allowed physicians to distinguish between strokes caused by blockages and those caused by bleeding in the brain – a critical distinction because one required thinning the blood and the other required clotting it. At this time, a variety of interventions, including bypass surgery, stents, and pacemakers also became routine weapons against cardiovascular disease, the largest cause of death for older adults. In addition to improvements in income security and medical care, new cohorts entered late life better off in education, health, wealth, and social resources than their predecessors.

As a result of all these changes, the crisis orientation that had been the foundation of aging theory and research in the social and behavioral sciences became difficult to justify. Indeed, by the 1980s, public discourse included references to older adults as “greedy geezers,” and inaccurate but nonetheless fervent predictions of large-scale intergenerational battles in which economically strapped young and middle-aged adults revolted against older adults who spent their time in luxurious leisure were rampant. Although the “greedy geezer” image was obviously inaccurate, it was clear that traditional stereotypes of older adults as poor, needy, and disabled were too. But I believed then – and still do – that the aging field lost much of its vigor, integration, and sense of purpose once it was clear that most older adults are not “underdogs.”

Beginning in the late 1970s, subjective well-being (SWB) became the “umbrella term” used to denote positive orientations toward life (i.e., life satisfaction, happiness, and morale). A prominent theme that characterized research on SWB from the late 1970s through the end of the century involved questions about the extent to which SWB rests on objective life conditions. As would be expected, strong and significant relationships between objective life conditions – including education, income, being married, friendships, and health – and SWB were observed. The surprising finding, however, was that objective life conditions explained less than half the variation in SWB. That is, mismatches between objective indicators of life quality and subjective assessments of life quality were exceedingly common. Many individuals who were relatively deprived of the objectively good things in life reported high levels of SWB and, conversely, many people who seemed on objective grounds to be advantaged reported low SWB. My contribution to this body of research was to demonstrate that the relationships between objective life conditions and SWB were smaller for older adults than they were for young and middle-aged adults (George et al. 1985). In short, older adults were less dependent on health, wealth, and social relationships for happiness and life satisfaction than were their younger counterparts.

A second, and related, theme of research on SWB at this time was the search for explanations that could account for the frequent mismatches between individuals' levels of objective resources and their SWB. The primary theory that emerged to account for these mismatches was *aspiration theory*. The basic tenet of aspiration theory is that people report that their lives are satisfying and of high quality when the discrepancy between their aspirations and their achievements is small. Conversely, when the discrepancy between individuals' aspirations and achievements is large, they view their lives as less rewarding and satisfying. Thus, we would expect financially advantaged, healthy, socially connected persons to be unhappy or dissatisfied when they aspire to even higher levels of the “good things” in life. And relatively disadvantaged persons should report high levels of SWB if their aspirations are met.

Aspiration theory received strong support in multiple studies. I was able to show that older adults (1) had, on average, smaller discrepancies between their aspirations and achievements than young and middle-aged adults, (2) had generally lower aspirations than young and middle-aged adults, (3) but were not advantaged, relative to their younger counterparts, on objective resources. Indeed, older adults reported the lowest levels of education and, especially, health. With regard to marital status (i.e., being married) and income, older adults scored approximately equal to young adults and significantly lower than middle-aged adults (George 1992).

Although it received less attention, *equity theory* also appears to partially explain mismatches between objective life conditions and SWB, especially for older adults. In brief, equity theory posits that individuals will be satisfied with the rewards that they receive if they perceive that the distribution of rewards is fair. I was able to show that the perceived fairness by which economic rewards (income and wealth) are distributed was a significant predictor of SWB for older adults but was non-significant for young and middle-aged adults (George 1992).

Social comparisons also help explain the high levels of SWB among older adults, many of whom are not socially or economically advantaged. The basic tenet of *social comparison theory* is that we evaluate our own qualities and status by comparing ourselves to relevant others. In general, *upward comparisons*, in which we compare ourselves to those who are more advantaged than we are, generate relatively low levels of satisfaction. In contrast, *downward comparisons*, in which we compare ourselves to those who are less advantaged, promote a sense of satisfaction. A number of researchers reported that most older adults use downward comparisons, thus promoting SWB.

I interpreted the support of these theories as demonstrating the power of social–psychological processes to produce either the sense that life is satisfying or feelings of dissatisfaction – and these processes are at least as strong as objective life conditions. These findings also suggest that the capacity of older adults to establish aspirations that are closely linked to their achievements, to perceive the distribution of societal resources as fair, and to compare themselves to those who are less advantaged are tremendously adaptive, permitting them to sustain a sense of SWB despite loss of resources and age-related limits on their ability to increase their achievements.

The publication of *Children of the Great Depression* by Glen Elder in 1974 introduced the life course perspective and opened a new era of theory and research on aging. As described there, as well as in subsequent writings by Elder and others, the life course perspective rests on four primary propositions. First, and probably most important, the life course perspective rests on the assumption that lives unfold over time – that to understand the present, one must understand the past. Consequently, a requisite for life course research is longitudinal data covering long periods of time. Second, the life course perspective focuses on the intersection of history and personal biography – that is, the ways that historical conditions shape life course trajectories, providing unique opportunities for and constraints upon human actors. Third, the life course perspective pays attention to human agency – to the consequences of individual decisions. Social determinism certainly is not ignored by life course researchers, but it is balanced by a focus on human agency. Fourth, and finally, the life course perspective focuses on linked lives – on ways an individual's life course is intertwined with those of others.

I believe that the life course perspective energized aging research in a way that we had not seen since the demise of the crisis orientation. It provided a paradigm that is broadly applicable, regardless of the specific outcomes of interest. It is as applicable, for example, to health outcomes as to economic outcomes. The life course perspective also focuses on heterogeneity and recognizes the myriad of pathways that can lead to the same (or different) outcomes. Failure to acknowledge and investigate heterogeneity was perhaps the fatal flaw of the crisis orientation. By promoting images of older adults as poor, sick, and socially isolated, the crisis orientation failed to recognize the heterogeneity of late life – heterogeneity that recent theories, such as cumulative advantage theory, and research results demonstrate to be greater in late life than at earlier ages. When, as a result of social change, the crisis orientation described fewer and fewer older adults, it was certain to be reputed.

There are still, of course, older adults who are poor, sick, and/or socially isolated. The life course perspective, however, highlights the fact that this is just one of the many destinations observed in later life.

Empirically applying the life course perspective is methodologically demanding. Longitudinal data are required that span large proportions of the life course. Although the number and quality of data sources suitable to life course analysis have grown exponentially in the last decade or so, a number of topics have not been examined from a life course perspective because of lack of sufficient data. SWB is one such topic. A few studies have predicted SWB in late life using information collected at earlier points in time. None of these, however, have addressed fundamental issues about SWB across the life course, including the dynamics of SWB over time. I hypothesize, for example, that one common trajectory of SWB – probably the most common one – is increasing SWB as individuals move from young adulthood to middle-age to later life. Cross-sectional studies suggest this kind of aging effect, but they inevitably confound age changes with cohort differences. I also hypothesize that aspirations in multiple life domains – health, income, and amount of social contact – decline from middle-aged to late life. Again, this hypothesis is supported by cross-sectional research findings, but it is unclear whether this pattern is observed over time as individuals age.

Beyond the methodological issues involved in distinguishing between age changes and cohort differences, there are logical reasons for suspecting that cohort differences account for at least part of the age differences observed in cross-sectional data. Because succeeding cohorts have consistently entered old age (as it is conventionally defined) in better health, and with more education, wealth, and social resources than their predecessors, it is possible that these “resource-rich” cohorts will be less willing – or have less need – to lower their aspirations. Rather than not declining at all, however, it is likely that these cohorts will reduce their aspirations at later ages than earlier cohorts.

It is also possible that the Baby Boomers will behave differently from earlier cohorts. Although research evidence is scant and inconsistent, public discourse and the popular media claim that Baby Boomers will be more active and have higher expectations for their later years than earlier cohorts. If this proves to be true, it is possible that we also will observe a decline in SWB among Baby Boomers as they reach their late 70s and beyond, as age-related losses inevitably occur.

I believe that life course research requires multiple observations of the *same* individuals over long periods of time – in other words, true panel data. Although we lack suitable panel data for life course studies of SWB, some authors have used repeated cross-sectional data to approximate the “natural histories” of cohorts. Such analyses are very useful for understanding the “average” behavior of a cohort. They cannot, however, reveal the heterogeneous ways that lives unfold over time. Nonetheless a recent study of SWB in the US adult population, based on repeated cross sections over more than 30 years, provides a rich description of the average effects of age and cohort on SWB.

Yang (2008) used data from the General Social Survey to perform an age-period-cohort (APC) analysis of happiness among representative samples of US adults from 1972 to 2004. Yang also used a new methodology for APC analysis. Using this analytic technique, age effects are estimated with cohort effects statistically controlled and vice-versa. Yang observed age effects over the 32 years of data that mirrored those reported in cross-sectional studies: increasing happiness over the life course. There were significant cohort effects as well, with the Baby Boomers reporting lower levels of happiness at all ages than the cohorts that precede and follow them.

SWB also is now accepted by social indicators researchers as a valid indicator of the extent to which societies meet the needs of their members (Veenhoven 2009). Researchers in that field recognize that there are subjective as well as objective bases for individuals’ reports of SWB and that these reports reflect comparisons to both absolute and relative standards of what constitutes the “good life.” Although I continue to await the long-term panel study that will permit examination of the multiple trajectories of SWB over the life course, there is ample evidence that older adults in the USA are highly satisfied with the quality of their lives.

And what about my youthful ambition to be happy? Well, overall I am. I've had some pretty tough obstacles to get past, but so do we all. I also seem to be taking the path that research suggests. As I approach the conventional definition of late life, I am more satisfied than I can remember being at any other time of my life. With regard to aspirations, I'm not sure whether they have declined or simply become largely irrelevant. I just don't spend any time these days comparing my professional accomplishments or personal life to other people's or to some abstract notion of what constitutes "making it." I still have goals, of course, but they tend to be short-term goals about things such as finishing a paper, shampooing my carpet, or weeding my garden. I'm almost ready to believe that these really are "golden years."

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