The Elderly in Dublin, Ireland:
A Cultural Gerontological Perspective.

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Abstract

This thesis contains a detailed study of the current gerontological theories and literature. This data are re-examined from an anthropological point of view. The object of this exercise is to increase the validity of the findings by the addition of the 'cultural element', something which has been missing from the majority of works published on the subject of 'The Elderly'. Due to the success enjoyed by studying the field of the elderly using this cultural gerontological approach (See Chapter 4), this document serves not only to introduce but also to advocate this entry point to a sub-discipline that has rapidly gained importance over the last couple of decades. This document also examines Irish ethnography in the light of current theories advocated by the field of cultural gerontology.

The first chapter examines the prevailing methods of assessing 'age' and the manner in which 'age' is socially and culturally constructed. It deals with the various 'types' of age, such as 'biological age', 'psychological age' and so on. The conclusion is reached that since one's 'age' is assessed using social and cultural frames of reference, then the category of 'cultural age' should be taken into account in further studies of gerontological nature.

The second chapter provides general information on the elderly in Ireland, under the headings of demography, finances and health to provide a background which is used to aid definition of 'the elderly'. A discussion of retirement is also provided here. Chapter Three examines the prevailing attitudes of Western culture and Irish society towards the elderly, and subsequently, the attitudes that these engender in the elderly themselves. General misconceptions about the elderly are also discussed in this section.

Chapter Four contains the findings of fieldwork carried out in the Royal British Legion Club.Chapter Five talks about the elderly and the family. The last chapter is devoted to a discussion of current theories about aging. Role Theory is postulated as an alternative to these.

Chapter 1. Types of 'Old Age'.

General Introduction:

This thesis is concerned with the cultural position of the elderly in Ireland. It provides a detailed examination of many types of data, from literature on health to participant observation of an elderly sub-culture in an attempt to give the clearest possible picture of who Ireland's (in particular Dublin's) elderly really are. What are their circumstances, and in what cultural climate do they exist? What are the reasons for that climate? Many questions are dealt with in the following paper, and these in turn have suggested a greater number of further questions, which due to limitations of time and space will have to remain unanswered until further research can fully address them.

The main questions that have been dealt with address the issue of the cultural nature of 'age'. An individual's relative 'age' is assessed using a cultural frame of reference. This enables others to apply projected expectations of behaviour and of physical and mental conditions to the elderly. Stereotypes about certain age groups stem from these, as does assignment to social roles. Because age, along with sex is one of the universal critetia for the division of societies, this is a very important issue.

It has been widely accepted that by attitudes, values and stereotypes of the general populations of Western nations, the elderly have been placed in marginal and ambiguous postions. Western governmental advisory bodies are at present advocating a change in peoples' attitudes towards the elderly, so that they can gain greater equality in their daily lives, and thus a greater level of life satisfaction. In the case of Ireland, this is reflected by the work of state sponsored bodies such as The National Council for the Elderly. In the following paper, a detailed examination of these stereotypes shows just how much of an effect they have on the elderly. For this reason, this thesis supports the point of view that the elderly do indeed need to be

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seen for what they are, and not just pigeon-holed in an inappropiate and limiting manner as they have to some extent been.

To aid the presentation of a clearer picture of the elderly, this thesis provides a holistic description of the Irish elderly, not only in contemporary times, but also in the past. It is at this stage that the anthropological approach showed great flexibility and strenght in the formulation of a valid picture of the Irish elderly. This approach has not, to date, been satisfactorily exploited by gerontology, and it is for this reason that no conclusive accord has been reached in the discipline.

I have also found it necessary to include a chapter which outlines the general theories that the discipline has presented thus far on the elderly and aging. In the critique of these theories, this thesis found it necessary to postulate an alternative theory of age called 'Role Theory', which is based on age role opportunity. This theory worked very well with the fieldwork data that was gathered from the 'Legion' club and the 'Picture Test' (see Sections 4.3 and 6.6 respectively).

To summarize briefly, the thesis provides a description of the Irish elderly and the general cultural climate in which they exist. It strongly advocates the importance of the cultural construction of age. Taking this into account, age role opportunity is seen as a function of the general outlook of a culture towards their elderly. For this reason, the conclusion is reached that the cultural position of the Irish elderly is due to how mass culture percieves them, and not to their inherent qualities, strenghts and weaknesses. This paper proves that the anthropological approach can and should be used to increase the validity of gerontological research. It also highlights the need in Irish culture for a more realistic assessment of the elderly.

Methodology

This section describes the research carried out and the research methods used in the writing of this thesis.

A: Literature

I began work on this thesis in October 1993. The first thing that I found necessary to do was to survey and examine all of the literature on the subject that I could find, in order to familiarize myself with the study that I was undertaking. It was also necessary for me to define my research parameters and plan my projected fieldwork at this stage.

The literature which I have used came from many different backgrounds. Even on a national level, there seemed to be certain fixed ways of viewing the issue of the elderly. For example, the British approach concentrates more on the social problem perspective, whereas the French approach concentrates more on the sociology and history of aging. However, I believe that the diversity of my literature has been instrumental in the validity of my study, since a multidisiplinary approach was one of the prerequisites of the type of paper which I envisioned producing. It greatly enhanced the depth of the knowledge about the elderly that I was to gain. I believe very strongly that a holistic approach is required for studies of this nature, and that a wealth of background material is required so that new perspectives can be gained and new theories can be confidently advanced.

For my literature review, I used the college library in Maynooth, as well as those in Trinity College, Dublin,and University College in Dublin and Cork. For extra material, I used The Government Stationary Office and the E.C., (E.U.) Office in Dublin . I was also in touch with The National Council for the Elderly and the Age and Opportunity Organization, who provided me with consultation and extra written material. At this stage, I felt that I had accrued enough material to enter the field.

B: Fieldwork

The basis of my fieldwork was carried out in The Royal British Legion, Dublin Central Branch, over a period extending from March 1994 to late April 1995. During that time I attended the club regularly on a twice-weekly basis. At this stage I was beginning to use my fieldwork notes to reinterpret the findings of my literature search and realign my research parameters.

My entry into the field caused very little difficulty, since the club members are a relatively easy going and sociable crowd of people. I used participant observation and informal interviews to gather information, both of which tools I found to be of great use. My informants were outgoing, and all of them went to great lenghts to try to help my research and make me feel welcome.

At a later stage in the proceedings, I began to formulate my 'Role Theory', which was suggested to me by my findings at the club. To test the validity of this theory outside the club, I developed a test that used pictures to elicit responses from a sample of 30 students. This test was administered early in the summer of 1995. I had noted earlier that one of the more prominent of gerontological researchers, Berenice L. Neugarten had used a similar test to good effect (Neugarten 1968:58-59,Fig. 1), and so decided that for my research one was also suitable. I found the picture test to be quite successful and am quite sure that it has helped to increase the validity of my findings.

The main body of the thesis was written and rewritten over a period extending from May 1995 to May 1996.

1.1 Introduction.

This chapter presents the various definitions of old age and the elderly currently in use in the field of gerontology. These are discussed under the headings of Chronological, Biological, Psychological and Social Age. Since 'Social Age' involves elements of age group/cohort theory, a section on Generations has been included. This latter suggests the postulation of another category of aging. This category is that of Cultural Age, which is discussed separately in Section 1.8.

1.2 On Defining Old Age and the Elderly.

The primary objective of this Section is to clarify what factors actually constitute 'Old Age'. As a by-product, this helps to explain who the elderly are. A persons age is something which is much more difficult and complex to estimate than one who is not sensitive to the issues involved would imagine. This is because there are multiple constituents of age. Those accepted by the literature are:

i) Chronological Age.
ii) Biological Age.
iii) Psychological Age.
iv) Social Age.

This paper, being of an anthropological persuasion postulates a fifth category, that of Cultural Age.

The bulk of the remainder of this chapter is given over to an individual explanation of these indicators of age.

Much of the literature on aging is divided between describing "young old" ie. those aged 65 to 70, "middle old", ie. those aged 70 to 80, and "old old" ie. those aged 80 to 85 +. However, a vast amount of the literature has ignored these subsections, even though they are quite necessary and relevant. I have chosen the

above subdivisions on the recommendation of Schaie and Willis (1991). Other age subdivisions have been used in the literature, although overall, I found this one to be the most widespread, and so have supported it in this thesis.

In this paper I have sought to maintain a coherent whole as much as possible. As such, I have been unable to maintain these subdivisions, for the simple fact that they are inadequately supported by the literature. Thus when the word 'elderly' is used, it pertains broadly to all of those over the age of 65. If any further subdivision is necessary, permitted by space or supported by the data, the phrase 'old old' is used to signify the oldest of the elderly. I apologise for the fact that such subdivisions are not maintained throughout, but the failing lies in previous works of gerontological nature and the limited scope allowed to this study. A more detailed study of old-age subdivision is, in fact worthy of another full thesis on its own. Obviously, a study of this type is required, as the need for greater old-age sub-categorization is becoming more and more necessary to studies such as my present one. This is something to which I would like to call potential researchers attention, as the arbitrary nature of age categorization in much of the literature creates problems when research calls for greater detail in such.

1.3 Chronological Age.

The chronological measure is a temporal measure, and gauges someone's age as a function of their time alive. Bismarck was the first to implement a government ceiling on age. Due to the distinction he created over one hundred years ago, people from Western Europe now term as elderly those who are above 65 years of age.

Age segregation along the 'over 65' line is accentuated in a culture such as the Irish due to increased social complexity and bureaucracy (Butler 1968a). However, for social science purposes, chronological age is found to be an inaccurate indicator (Butler and Lewis 1977, Berghorn et al. 1978). Birren and Woodruff (1975) tell us that "age" is limited as a measure due to variance. This variance occurs on the biological, psychological, social and cultural continua.

Butler and Lewis (1977) put forward an example to help illustrate this point. A woman at age 62 may house an outlook and physiology that makes her appear 'older' than another at 73 who is cosmetically in good condition, physically well and has a culturally valued outlook. This introduces the notion of relativity, a key concept in the measure of age.

A further weakness of "chronological age" is that it overlooks gender differences in aging. Men and women have biological, social, psychological and cultural differences in their experience of aging (Butler 1968a), for example, in females those relating to menopause and those relating to having greater longevity than males.

Birren and Woodruff (1975) tell us that chronological age is arbitrary and calendar based, yet it still dominates the functional structures of aging. Thus it is a determinant for assignment to age group (a socio-cultural phenomenon). When twinned to projected/expected life cycle, it forms the basis for social regulation of the aging process. When the age norm is postulated, it is referred back to an individuals chronological age (because this is the yardstick against which observed phenomena are judged). However, age norms, being socio-culturally postulated should relate instead to social and cultural age. Because of this discrepancy, social roles postulated on chronological age are often invalid, as chronological age taken on its own is simply too open to misinterpretation.

In sum, chronological age needs social and cultural meaning if it is to be a relevant measure. Census can show how many in each society are above 65, but not how many are "old" (Shanas and Binstock 1976).

1.4 Biological Age.

Biological Age is probably best described as a measure of how the physical body has changed due to the passing of time.

In the later years of human life, a human's cells cease to reproduce themselves faithfully. This cell replication failure indicates itself in a manner which may be observable to the human eye, for example in the sagging skin and atrophying muscle which our culture readily equates with old age. However, there are many more succeeding results of biological aging that are not so visible to the casual observer.

Endocrine system decline with old age has been well documented (Schaie and Willis 1991). Hormone levels, from the thyroid and (in females) ovaries result in a disequilibrium in the body's levels of blood sugar and homeostatic engineering that reduce the body's stress tolerance. This is one reason why ill-health in old age is prevalent.

Other chemicals in the body also decrease. For example, acetylcholine, a neurotransmitter associated with memory decreases. This is believed by some to be a partial indicator of senility, in the form of forgetfulness. Another bio-chemical, dopamine, decreases with age, this time with very visible and dramatic effects. The decline of dopamine is seen as a causal factor in the etiology of Parkinsons disease. Due to such neural matrix disruptions, it is further believed that Central Nervous System processing faculties manifest speed impairment in reaction times. However, such hypotheses are notoriously difficult to test. Furthermore, even if existing neural facilities are weakened, this can be offset by remaining neurons expanding their current dendrite branchings (Schaie and Willis 1991).

One well documented change due to aging is that of the decline of the sensory capabilities. Myopia can often result from the biological aging process, for example. Like the hair and nails, the retina is made up of epithelial tissue and continues to grow throughout life. However, it can't shed shells and becomes inflexible with time. Pupil and eye muscles can often (by atrophy) disaccomodate themselves to less potent alignments, hence worsening the eyesight to an even greater degree. Much the same

thing happens in the case of age related hearing impairment. The cochlea becomes more rigid and loses more of its' stock of tactile hair. Both of these types of sensual deprivation help to create and/or perpetuate a sense of social isolation.

Many of the elderly suffer from disturbances in their sleep pattern. Indeed, sleep impairing conditions become more frequent with advancing age (Schaie and Willis 1991). Due to sleep apnea (respiration halt), heartburn and leg movement, old people:

I) Spend more time awake before sleeping.

ii) More time lying awake during the night.

iii) Spend more time lying awake before rising.

iv) Awaken more readily than those younger.

(Schaie and Willis 1991.)

As can already be seen, with the material provided in this section, old age can lower the body's defences (e.g. due to endocrine system decline). Thus ill-health is often thought of as travelling hand in hand with biological aging. Often, and because of this duality, people tend to think of the biological aging process itself as a disease or illness. de Beauvoir (1973) seems (unwittingly or not) to support this notion, by saying that human beings ripen like fruit and thus they also wither, decay and die.

Unfortunately, it is beyond the scope of this section to further explore such notions. However, a more detailed account of the health related aspects of biological aging can be found in Section 2.4 'Health'.

1.5 Psychological Age.

Psychological Age is the measure of ego-perception in individuals of the relative 'youth' or 'oldness'. As such, it is contingent upon biological and

chronological age as perceived by the culture in which they live, as well as their social age, socio-economic position and ethnicity and/or cultural outlook.

It is best measured by observing individual level beliefs, attitudes and values which influence behaviour. As such, it relies also on personality, which in turn is a function of life-long socialization in whatever cultures the individual experiences. Because of this reliance on external stimuli, psychological age is heavily influenced by the dominant culture's attitudes towards aging and the elderly. It is also strongly influenced by media-constructed ideals of aging.

Interestingly, Saul (1974) and Jerrome (1992) have noted that the elderly themselves confess psychological old age as occurring between seventy and eighty years of age, at least 10 years later than Western Culture has labelled them 'old'.

1.6 Social Age.

This section deals with Social Age. A description of the formation of ideas of 'social age' is provided. These culturally postulated 'age norms' are important because they embody the ideas and attitudes of the general population towards aging. How they are interpreted by the elderly reflects the ideas and attitudes of the over 65's towards aging. Because of the emphasis on the social, social age provides a frame of reference with which to judge the forms of aging already described, namely the chronological, biological and psychological models.

In all societies, age is one of the bases for the ascription of status and the underlying dimensions by which social interaction is regulated, (Neugarten 1968). So, in all societies, the lifespan is divided into socially relevant units by age. In many non-literate societies, age reckoning is generally based on natural events, for example, a 'big flood' or the summer. By temporal proximity to these events, individuals' age is ascertained. Individuals born at around the same time are often lumped together into 'age sets'. They will pass through the life cycle together, experiencing life events simultaneously (or close to such). Often, these events will be marked by rites of passage which are celebrated communally. Thus two boys, perhaps born months apart may 'become men' ceremonially on the same day. Thus, the reckoning of their ages is

not purely chronological, biological or psychological, (since individual differences will be present), but social.

If these two boys become 'men' on the same day, certain things will come to be expected of them. They may be expected to provide more meat from hunts, begin using tobacco, or take a wife (they may also be accorded special rights or privileges). Furthermore, they will be expected to do these things at more or less the same time. Thus, role dispositions and actor categories relating to 'age' have been put forward by the society. These role dispositions and actor categories are 'age norms', (Neugarten 1968).

These age norms suggest socially postulated behaviour. They also suggest that individuals must adhere to them, and act in an 'age appropriate' manner. For example, in a Western sense, it would seem unusual to see a seventy-year old woman skate-boarding to the shops with a personal stereo on playing punk music. However, if the woman was a teenager, her activities would not seem so unusual. This is because the above behaviour has been deemed inappropriate for one of her years. Thus, it is possible to act in an 'age deviant manner' since age is seen as a reasonable criterion by which to evaluate behaviour, (Neugarten, Moore and Lowe 1968).

For this reason many researchers have used the 'social problem perspective' when dealing with the elderly. A dysfunctioning element in social pathology is causing disorganization and disequilibrium. This element must be isolated and corrected so that the balance of society is restored. However, many have focused on the elderly themselves as this problem, rather than the socio-cultural environment of elderly individuals (Neugarten 1968).

Age norms have many properties. Firstly, they are perceived as being binding for others, rather than ones-self. Thus they do not dictate how one should act. Rather, they dictate how others should act. As age rises, so does the importance of age norms, since there is more emphasis on the fact of current situation as a function of individual age, (Birren and Woodruff 1975). Age norms serve to advocate and regulate a 'social clock'. This social clock is made up of a series of postulations about age that spans the life cycle. Taking into account, gender, ethnicity and socio-economic factors, this age clock tells the expected situation and condition of an individual at a certain age.

The social clock and age norms enable others to impose roles, definitions, norms and personal assessments on others. However, many of these norms are formulated by consensus by those who are not over 65. Thus, they are made without an accurate knowledge of what life after 65 is like. Because of this, such ideas are not fully appropriate, and ultimately they result in the creation of ill-fitting roles for the elderly backed by stereotype rather than fact. It is not dissimilar to the analogy of square holes (i.e. roles and ascribed positions) being created to accommodate a geometrically diverse set of solid shapes (i.e. the non-homogeneous elderly). Also, the last 20 or 30 years of life have changed rapidly since World War II. As yet, the cultural constriction of new institutions to reflect these changes has not fully kept pace, resulting in a structural lag in social-role opportunities (Riley and Riley 1989). Without cultural backing roles become a source of anxiety and stress. Thus, social age is at once a valuable tool to enable individuals to judge others and regulate their own actions. It is also a very important tool to social scientific researchers. However, in the formulation and constitution of social age norms, inadequacies in the norm itself can often result in discomfiture for those of certain ages. This has almost certainly occurred in the case of the elderly, (See Sections 1.8 and 4.6 for more on this theory).

1.7 Generations.

As mentioned in the last section, (1.6 Social Age), many non-literate societies divide individuals into age sets, according to when they were born. Each age set moves through the life-span at approximately synchronous pace. These are 'age cohorts'. As successive age cohorts reproduce, they engender other age cohorts. Thus generations have been formed. An individual (a) from cohort (A) may thus progenate a son (y) from cohort (Y) and a younger daughter (x) from cohort (X). Cohort (A) represents the older generation, while cohorts (x) and (y) represent the younger generation.

One age cohort differs from another in respect of the following:
1) Demographic fact (i.e. the time one is born).
2) Socio-political events.

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3) Historical consciousness.

(Neugarten 1968).

Each successive age cohort has fresh contact with their cultural environment. Furthermore, each successive age cohort encounters a different socio-political reality due to the fluid nature of the human environment in the Western World. On top of this, each age cohort experiences reality differently because of the different factors they came across during socialization. Social institutions alter the meaning of some things with the course of time. For example, one can compare what it means to be a student or an elderly person today with what both things meant fifty years ago.

Because of these factors, different cohort groups experience different development perspectives. Because they share a unique socialization, different cohort groups will have attitudes which are peculiar to them, and will react differently in similar circumstances. Because members of a particular cohort play out particular development agendas they are dynamic representatives of that cohort. This point is very important towards understanding the behavioural orientations of older people. It allows for the fact that they have experienced a different set of demographic facts and cultural and historical circumstance than later generations to be taken into account (Shanas and Binstock 1976).

In addition to these factors, it is important to note that generationally, the elderly are also different due to maturity connected changes in perspective and outlook. It is generally accepted that one of the tasks of an elder generation is to pass their culture on to the next in a socialization process called enculturation. However, due to cohort differences and individual perspectives, this replication of culture is never wholly accurate. The difference between the old and new generations is known as the generation gap. An understanding of such inter-generational theory is essential to the gerontologist, because it is only in full cultural perspective that any theory of aging or the elderly can attain validity.

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1.8 The Social and Cultural Construction of Age.

There are two points of prime importance to the issue of the Social and Cultural Construction of Age. The first of these is that age is socially constructed (See Section 1.6). Social agendas or 'clocks' are put forward, along with age norms to ensure social regulation of the life cycle. These social clocks and age norms are a part of overall social reality, the mass dictates the norm. Thus, how the majority of people believe or say that old people should act, by consensus is accepted as a rule. It is virtually impossible for an individual to ignore such social regulations, since they are lifelong internalized and have consensual cultural backing.

The second point is that an individual's 'social age' is actually a function of their life experience as a member of a particular birth cohort. In that cohort, they experience the full range of a set of social, cultural, economic and political factors of a set which in it's entirety is peculiar to that cohort. This means that that cohort has had a unique socialization (See Section 1.7). It also means that the cohort has been uniquely enculturated.

When social norms about aging come into being, they are based on a cultural atmosphere and environment, and will for better or worse reflect that environment. However, cultural environments, due in part to the instability of the enculturation process are known to be highly viscous. Thus, they are experienced differently by each successive age cohort.

This means firstly, that age is not only socially, but also culturally postulated. The manner by which the life cycle is age regulated and the supposition of age norms are both highly culture-bound phenomena. This is the reason why an anthropological perspective, such as that given by this thesis is indispensable.

Societies add to the basic biological and chronological 'ages' a number of cultural premises concerning the expected nature of age and aging, and these are best exposed by the anthropological perspective.

Secondly, the above calls for a theory of 'cultural age'. If, beyond the basic chronological and biological measures of age, cultural factors such as socio-economic status, ethnicity and gender are to be taken into account, it can only be the case that

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'cultural age' should apply. Social age takes into account more factors than chronological, biological or psychological age and gives them a frame of reference. Similarly, 'cultural age' takes into account more factors than social age, and a frame of reference is provided. Furthermore, it accepts the full meaning of 'age' as postulated by a culture. World-wide, different societies have different ideas as to what 'old' is, who 'the elderly are', and how they should be treated. In some cultures one is 'old' at 50. In others, gerontarchs rule, and still in others is senilicide practiced. Thus, it is important when forming theories on age that these theories are peculiar to the sample culture. For this reason, much space in this thesis has been devoted to forming a full anthropological perspective on the elderly *from an Irish point of view* (See Chapter 6). It is the idea of this researcher that the elderly and their position in a culture can only be seen validly as a function and creation of that culture. This is why a Cultural theory of aging is advocated, and why anthropological methods have been used.

Chapter 2. Towards a Picture of the Irish Elderly.

2.1 Introduction.

This chapter sets out who the elderly actually are in Irish society. Using mostly statistical bases, a demographic picture of the Irish elderly is presented. It illustrates what percentage of Irish society is "statistically old", and also shows certain types of numerical and other data which significantly clarifies the picture of the elderly as this paper describes them.

Firstly, this chapter outlines the basic demographic facts of the elderly, in terms of population census data. The chapter then moves on to provide an economic description of the financial characteristics of the elderly. Health of the elderly is also dealt with in this section. Lastly, the issue of Retirement and other salient points is discussed.

2.2 Demography.

Koller (1968) outlines the importance of demographic data. Firstly, it reveals the statistical dimensions of aging. These reflect past trends in aging and provide a frame of reference with which to compare present trends in aging, (the latter also being revealed at times by statistical means). It also provides parameters for the construction of future projections of aging processes. Demographic data, when coupled with other observations (i.e. social, cultural, economic or political), can mirror elements which describe social conditions in motion. This can expose problems in/for public policy.

This last point suggests and supports the notion that demographic "facts" have cultural elements involved in their construction. Thus, in very valid and real terms, they can render clear reports of cultural conditions.

Furthermore, this paper asserts that such data can act as a theoretical tool by providing an impetus for historical and functional modes of thought. Such data also

lends itself quite freely to cross-cultural comparison. This last is an extremely important consideration for the anthropological researcher.

Contemporary statistical sources suggest the "greying" of the Western World. Larger proportions than ever before of Western populations represent the elderly. This is also the case in Ireland, although to a lesser extent than elsewhere in the West. In 1991, 9.5% of our then 3.9 million population were above 65 years of age.

In the E.U. just under 1 in 5 of the population is over 60, a phenomenon that has, by some, been called a demographic revolution. This revolution is explained by two main factors; declining fertility rates and declining mortality rates. This means fewer children and a greater percentage of older people in overall European terms.

On average in the E.U., 2.1 children per female of child-bearing age are required to replace the population. At present, the only E.U. country that does so is Ireland (with 2.17). Taking into account that the E.U. average is 1.59, this figure partly explains why a smaller percentage of Ireland's population is above 65.

Furthermore, life-expectancy has been increasing throughout the century. The E.U. average is approximately 75 years (79.3 years for women, 72.7 years for men). The Irish average is slightly, though not significantly lower than this. The important thing to note is the vast increase in life expectancy since the turn of the century, when one could roughly expect to live until the age of 50.

Of the 9.2% above 65, 45% are male and 65% are female. 6% are over 85, and these are mostly female. One-third are over 75, and 70% of these are female.

Just over 50% of the elderly live with family (including spouses). Just over 20% live alone, with an equal number living with non-relatives. The remainder, roughly 3%, live in institutions.

16.6% of Ireland's pensionables live in Dublin, roughly 600,000 people. 20% live in central towns, leaving about 66% living in rural areas.

Rottman (1982) found that in Ireland in 1961, only 25% had gained second level education, a figure half that of 1971. The further back one goes, for example, to 1931, the less chances there were for the elderly (then young) to achieve the levels of

education taken for granted among settled Irish people today. A very small percentage (circa 5%) of the elderly are graduate, and up to 1 in 7 of them are illiterate.

The important things to note from this section, then, are; 1) The increase in that percentage of the population that are elderly and 2) The fact that in this section females significantly outnumber males. However, there are more variables to social and cultural analysis than just age and gender. Socio-economic, ethnic, medical and many other factors must be taken into account also, an issue to which the rest of this chapter is devoted.

Neugarten (1968) has a sensible reminder to those who use demographic data for social-scientific purposes, that is, that census can show how many in each society are over 65, but not how many in each society are old (See Section 1.4.). Because of the other variables that play a part in social scientific analyses one thing is clear: that the cultural environment must be understood if demographic statistics are to have any relevance.

2.3 The Financial and Economic Position of the Elderly.

In a recent Eurobarometer report (1994), the authors concluded that: "financial security is the bedrock of social integration". Michael Fogarty put forward the idea that income support for the elderly leads to independence, although one obviously needs the faculties and facilities to spend one's money. The point then, is that in Western culture money provides security and autonomy. Put simply, it is important for an individual to have money, if self-oriented or self directed activity is to be feasible.

This is especially the case today, where advertisers target what they consider to be disillusioned age cohort groups. The ideology they preach is that exercising one's consumer element equates with obtaining personal freedom. "Freedom of choice", therefore, is re-interpreted as freedom to choose in an economic sphere.

Bearing this in mind, this thesis now describes the financial position of the elderly. The first point when examining the financial position of the elderly is this: the

elderly are very often poor. 50% of E.U. citizens identified financial difficulty as being the main problem the elderly were liable to face. 34% of an Irish sample complied with this (Whelan and Vaughan 1982). Also, higher numbers of the younger end of the sample thought this was the case than any other age group. The older end of the sample saw isolation and loneliness as being the main problems.

Rottman et al. (1982) states that income inequality rises from when the first children begin to leave the home (usually when the parents are 50+), and that in family cycle terms, "the risk of being in poverty is greatest for the elderly". Townsend (1975) defines poverty as an inadequacy of income relative to needs. Rottman puts forward the point of view that the elderly have increased needs, especially medically, An example of this would be expenditure on hearing aids, glasses, dentures, check-ups, pharmaceuticals etc.. This is one reason why poverty for the elderly is expected. However, in family cycle terms, there are those in less secure financial positions than the elderly, even though many researchers have failed to read between the statistics and have not discovered them. For example, a young married couple would most likely be putting children through the expensive school system as well as coping with their first mortgage. Their financial position could be expected to be at least as precarious as that of the elderly.

It is also believed that the elderly are poor because of their geographic locations. Due to emigration, longevity, property inheritance and a certain amount of age "ghettoization", some areas are left with a high percentage of elderly people. In order to maintain services they must maintain tax revenue; something which on a more limited budget can be difficult to do. So, the theory runs that the elderly are constituting larger and larger segments of the tax base, and that this leads to a relative lack of funding. Butler and Lewis (1977) tells us that this leads not only to increased financial burden, but also to a potential loss of services.

Neugarten (1968) argued that social class is control by household over economic resources for generating income. Thus, he believes that the financially vulnerable position of the elderly results from the fact that the elderly have no longer got the familial or economic resources with which to generate income. He believes that there is a varying distribution of mobility chances in the economic arena. In the

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later stages of family life, chances for access to or interaction with economic resources are impaired, due to alterations in individual socio-economic realities. This is a credible enough theory, but one which is not wholly empirically true.

Furthermore, the elderly are thought to be poor due to the fact that their opportunities to gain skills and education were less than those younger, and that this further restricts their ability to access and manipulate available resources. However, this theory overlooks the fact that the elderly have had extra opportunities to gain experience, which is also very important in business situations.

There are three factors affecting the distribution of income. The first is the overall economic system. The second is labour force participation. As such, retirement is often linked to a drop in income, and is thus viewed as an avenue to financial insecurity (For more on this see Section 2.5).

Having examined the main points which supposedly lead to old-age poverty, this paper now moves on to provide details of the actual financial position of the elderly in Ireland. To this end, theory is momentarily eschewed, and a more predominantly statistical picture is given.

People often think that poverty involves "tramping" or "slumming it". Since poverty was often more overtly visible in the past, it is often believed that it must be easily visible to the observer to exist. Poverty among the elderly certainly does exist. Among the points that follow evidence of this will be found. One-third of the Irish poor are elderly, although it is important to note that in the compilation of such statistics, 60+ is often used to denote "elderly", thus increasing the aggregate favourably for those seeking policy implementation. Butler and Lewis (1977) in describing an American population found that 30% of the elderly had sub-standard housing, and marginal income. He lists the following sources of elderly income:

Table 2.1 Sources of Elderly Income.

46%	Retirement funds inc. Work Pensions
29%	Dept. of Social Welfare
15%	Public/Private Investment
3%	Veteran/Old-Age Associations
3%	Relatives

Source: Butler and Lewis 1977.

Whelan and Vaughan (1982) found that the elderly were often augmenting their incomes with savings although 35% had saved something the previous week. Notably, females tended to have half the savings of males. 15% of the total female sample had been dis-saving (using their savings to live) since they reached the age of 65. Some 4% were in substantial debt. Their survey encountered expenditure patterns as follows:

Table 2.2 Expenditure Patterns of the Elderly.

65%	Food
15%	Fuel
9.3%	Household Utilities, Drink, Tobacco
9%	Housing

Source: Whelan and Vaughan 1982.

Rottman et al. (1982) find the housing situation of the elderly to be a topic worthy of note. Of his sample, many were found to live in older dwellings which lacked modern amenities. Single people especially were found to have the worst quality housing. Of the total sample, 39% were found to live in dwellings pre-dating 1919. This was good in so much as it reflected the fact that only 17% still had a

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mortgage to pay. However, these homes were the ones most often found to be lacking in consumer durables and amenities. One shortcoming of the research is that it did not indicate the proportion of the sample who were living in rented accomodation.

Table 2.3 Consumer Durables and Amenities of the Elderly.

32%	Had external WCs
40%	Lacked fixed bath/shower
28%	Had no telephone
10%	Had no electricity
60%	Had no fixed hot water supply
22%	Depended on one type of fuel (i.e. coal or turf)

Source: Rottman et al. 1982.

Interviewer findings on respondents houses were as follows:

Table 2.4 Condition of Residences of the Elderly

50%	Were in "poor" repair
12%	Were in "bad" repair
16%	Had "very poor" furniture
50%	Had "poor" exteriors
33%	Had "unattractive" situation
12%	(Of residents) Were critical of view
33%	(Of residents) Were bothered by damp
12%	Were "very dirty"
(20%	(Of residents) Had difficulty tidying)
12%	Lacked satisfactory cooking facilities
25%	Lacked satisfactory heating facilities.

Source: Rottman et al. 1982.

However, 86% of the sample were reported as being satisfied with their housing and only 17% of the sample said that they would move if given the chance. This slightly paradoxical finding will be explained further at the end of this section.

According to some narratives, in Irish culture, the elderly were often in a powerful financial position. This is because the lineage system accorded power to a patriarchal family leader. Thus, it was usually the older generation who controlled the means of production, (i.e. the land). However, exploration of this idea is beyond this section (See Section 5.3 for a more detailed explanation). However, for the moment it will be sufficient that we note that this is not valid in the present, if even for the simple reason that nowadays fewer people are tied to the land (Keith 1994).

When asked what the major challenge to financial security was, the majority reported a dissatisfaction with pension levels. 62.6% of the Eurobarometer sample (1994) concurred. Fogarty (1986) points out that qualification levels suggest that many are eligible for pensions. Furthermore, income support in the form of reduced prices and concessions is also widespread. 34.5% of the elderly support this form of assistance. 66% of the elderly use public transport concessions and report a high level of satisfaction with the service (See Table 2.5).

Table 2.5: Take up Rate of State and Voluntary Services for the Elderly.

Service	Percentage Used
Free Electricity	40.5%
Free Fuel	13.9%
Free Television	31.7%
Free Medical Services	80.3%
Free Telephone	1.8%
Meals-on-Wheels	3%
Laundry	3%

Source: E.S.R.I. Paper 110, Whelan and Vaughan 1982.

Three-quarters of all pensions in Ireland are State financed. Of these, 59% are below 140% of the average Unemployment Benefit. Indeed, of all mature age groups, the elderly have the highest percentage below 100% of the average Unemployment Benefit. This figure suggests earnings less than 50% that of young married couples. For every social class, the elderly have the lowest direct and disposable income (Rottman et al. 1982). However, 31% of Department of Social Welfare spending is on the aged. Generally, transfer payments to the elderly are not of a marginal nature. This is especially relevant today, because the government is still expanding it's expenditure on the elderly.

Whelan and Vaughan (1982) put the case well when they state that traditional social systems tend to overplay stresses caused by changes in the life-cycle due to age. Thus, reduction of income is made to appear more serious, far-reaching and widespread than it actually is.

The E.U. Observatory on Older People reports that financially, the majority of the elderly get by with care. However, this paper has encountered two paradoxes. The first is that outlined above, which is that the extent of the elderly's financial "destitution" is exaggerated. The second is that old people objectively suffering poverty and deprivation still report satisfaction with their living standards (See Table 2.6).

Table 2.6: Reported Standards of Living of the Elderly.

Very Comfortable	4.3%
Comfortable	36%
Get by with Care	45.5%
Trouble Making ends Meet	10.8%
Things very Difficult	2.4%
Don't Know	0.9%

Source: E.S.R.I. Paper 110, Whelan and Vaughan, 1982.

This phenomenon was also noticeable in their attitude to housing. Even when dissatisfaction was reported, house-owners were not prepared to move. This thesis postulates that the elderly should be looked upon as an age cohort that has seen greater levels of poverty and deprivation than succeeding generations. Because of this, they may be more 'easily pleased', and more likely to report satisfaction with what later generations would term 'sub-standard' conditions. Also, modern research on the elderly is done with contemporary consumer ethics in mind. This paper supports the idea that this research may be unsuitable due to the fact that the elderly most likely have a different consumer ethic, due to the temporal distance between their age cohort groups and average contemporary groups.

The elderly's ideas on money are often more likely to revolve around 'getting by' than in fulfilling one's consumer roles in a modern sense, which, it could be argued, is perhaps more imbued with notions of accreting high personal levels of individual utility. Whelan and Vaughan (1982) reported that large numbers of elderly professed to being unsure as to what they would actually do with more money. This is perhaps one of the reasons why we would hear of an elderly individual dying and leaving a large sum of money behind. It is also because the elderly simply do not have a consumer ethic which compels spending at the same levels that later consumer ethics do.

The two main findings of this section are as follows; firstly that there is as much variance in the relative financial positions of the elderly as there is in the relative financial positions of any valid sample of mature adults, and secondly that the current manner of examining the financial position of the elderly works by comparing their position with that of the average for mature adults. Though the variance in measures of wealth may tally between the old and younger generations, I feel that it has not been satisfactorily proven that the relationship between diverse age-groups and their wealth or relative lack of such is of similar nature. For example, the onus for a young couple is to accrue wealth for the provision of a family and a homestead. How well they achieve this will be reflected in their psychological and material well-being. However, for elderly people who have passed this phase in life, the focus is arguably of a dissimilar nature. This would explain why, in this section it was reported that elderly individuals reported satisfaction with standards of housing etc.,

that younger couples would be striving to better. Obviously, this subjective difference between age groups economic ethics is an important factor in the compilation of scales of relative well-being that involve different age-groups, and this is an area that provides a potential for future research. Furthermore, the fact that different age-groups outlook on wealth may be different is a function of the particular birth cohort of each age-group, and this highlights the importance of the cohort perspective advocated by this thesis (See sections 1.7, 1.8). Lastly, it also supports the idea that the importance of economic variables is of varying degrees of continuance throughout the life-span. This calls attention to the need for studies which examine the financial positions of individuals throughout the life-span and not simply at particular moments in time.

Section 2.4: Health

In section 1.4. "Biological Age", the idea was introduced that the aging process has biological properties. Thus it can influence and in turn be influenced by health. This section explores the extent of this influence and it's effects upon the elderly individual, taking into account the fact that illnesses have social properties.

To begin, a brief, cursory glance at how the health of the elderly has been historically perceived is given.

Going back as far as 2700 BC. to ancient Babylonia, health of the elderly was seen as a problem. The ideogram for old age featured an old man with a walking stick. Magic, sorcery, religion and medicine were all enlisted to try to cure the ills of old age. Gilgamesh, the Babylonian culture's most famous hero swam to the ocean floor in his quest for the Elixir of Youth. The Egyptian, Greek and Roman civilizations had much the same outlook: that old age was like an ailment that laid men low who had once been strong;

"What old age does to men is evil in every respect"

Ptah Hotep c. 4500 B.C.

Generally, in these ancient cultures, there was no such thing as the "Golden Age" of the elderly. However, these cultures (including the Incas) had rudimentary systems of old age welfare. Thus, their position is seen as being bearable at the least. What was abhorred was what old age did to people, not the elderly themselves.

In ancient China and Japan, the elderly were respected, even before Confucius doctrinated respect for them. In Han China, c. 200B.C., the elderly were seen as individuals of virtue who had been granted longevity as a reward from the Gods. Taoist belief postulated that disequilibrium between Yin and Yang caused the health problems associated with old age. However, they believed that apart from demons, Yin-Yang imbalances caused all illnesses.

In pre-Christian Ireland, some folklorists believe, druidic peoples indulged in senilicide (Minois 1989). It is certainly true that the Celtic peoples lamented the decline of old age. Oral tradition reflects this through Tir na nOg and the Blessed Isles visited by Bran. In these sacred sites, aging was halted or even reversed. Indeed, rejuvenation was a very important idea to the aboriginal Irish.

This is reflected in the Celtic legend of the Black Cauldron. This artefact was, interestingly, almost synonymous with both the Holy Grail and the Philosopher's Stone. Of all three of these arcana it was said that eternal life or rejuvenation could be had. The notion of rejuvenation was also prevalent in early Christian literature. Elysium or Paradise was much the same place as that put forward by the Celts; a place of rejuvenation where no-one grew old. Moving on to the middle of this millennium, we find a worsening picture of the elderly. Much of the earlier respect for the elderly had disappeared , leaving behind a solid emphasis on their lack of good health.

Bartholomew de Glanville typifies this attitude, when in the 1495 edition of De Proprietatibus de Rerum - Wynkyn de Wordes he states:

" All men dispisen the olde man and ben hevy and wery of him. The olde man is itravailed and greved with coughynge and spettynge and with other greves."

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The Enlightenment didn't do much to help the position of the elderly. The result was, that in the 19th century old age was still thought of as synonymous with disease. Of three types of disease listed, two were thought of as being linked with old age. Circa 1900, Elie Metchnikoff wrote that old age maladies were microbiotic, and therefore communicable. Because, to the viewer, more things were seen to be lost than gained (hair, teeth, eyesight, hearing and supposedly virility), old age was seen as being a time of inutility. Minois (1989) documents the fact that in the late 19th century magazines and manuals to this effect abounded.

Galton and Beard in 1860 and 1870 "proved" that intellectual capacity declined due to old age. Those elderly who tried to move with intellectual trends were seen as eccentric, and those who didn't were seen as "fogeys". Websters Dictionary 1880 defined a fogey as "a dull old fellow".

Sinners were seen as "bad" people. However, to be old and a sinner was even worse. In 1881, John Harvey Kellogg iterated that old people who still engaged in sexual practices were in danger of catching "satyriasis" in divine punishment for their lustfulness. Many believed that undue genital secretions would weaken the body. East Asian culture, for example, saw Yang or male essences as being of importance to those trying to maintain bodily equilibrium and offset old age.

To go back to ancient Greece, Aristophenes used old men in his comedy because they were thought of as being the antithesis of eroticism. Quite simply, his device allowed people to laugh at their fears of old age quelling their libido or virility (Minois 1989).

Towards the turn of the 19th century, leading to this one, many doctors experimented with the thyroid and the sex organs in order to try to cure old age. Towards the 1920's old age had become more fashionable. A certain "Cultes de Vieillesse" came into existence, from which present day academic traditions have followed though obviously not in such ardent or *depeche mode* fashion, Hendricks and Hendricks (1979a).

The position of the elderly in our society as far as health is concerned is now described.

Expressing an American point of view, Hahn (1992) puts forward the argument that the persistent and popular myth of the elderly as "sick" and of "limited ability" is untrue. In fact, he argues, the reality is almost the reverse. Due to a host of medico-social factors, median age is rising . Furthermore, the elderly as a group are becoming "healthier". Hahn is certainly right up to a point. However, health of the elderly is as serious an issue as "popular myth" sees it. This nuance can escape researchers quite easily because of the attitudes of the elderly themselves towards their health .

Shanas and Binstock (1976) believe that to study old age and ill-health, the synonymity of the two must be recognized. Butler and Lewis (1977) acknowledge that this presumption is prevalent in both popular and academic circles. The corollary of such an idea is that many see old age itself as an ailment. This is certainly not the case, as, by almost any account a vast number of the elderly are actually in good health. However, emotional and physical dysfunction resulting from the biological age complex can cause individual disequilibrium. The sequelae of such imbalances can and do have profound effects on the quality of life for the individual elder person. This is the primary reason why the health of the elderly is such an important issue.

86% of the elderly have chronic health problems, for which they need to see doctors regularly (Butler and Lewis 1977). However, this conclusion was drawn from an American sample.

Whelan and Vaughan (1982), put the following question to an Irish sample:

"Do you have an illness, infirmity or disability that has affected you in the past year and will continue to do so in the future?" For the answer to this query see Table 2.7 below;

Table 2.7: Results of a survey by Whelan and Vaughan on
Irish Health (1982).

	Age		
	18 -29	65-69	85+
Have an illness or disability that has affected you in the past year and will continue to do so in the future.	10%	60%	67%
Have seen a doctor in the past week.	20%	N/A	50%
Have taken pills in the past week.	33%	N/A	66%

Furthermore, their survey uncovered the fact that above the age of 65, the average chance of being bed-ridden and/or hospitalised increases.

The National Prices Commission (1977) report some notable facts on nutrition. 73% of those above the age of 65 were found to have inadequate diets. Also, one-third of the age group didn't eat enough to satisfy daily energy requirements. This latter is interesting because more nutritionally adequate diets are very often found to be cheaper.

Schaie and Willis (1991) list the top ten chronic health problems as follows:

Table 2.8: Top Ten Chronic Health Problems

1.	Visual Impairment
2.	Varicose Veins
3.	Diabetes
4.	Arteriosclerosis
5.	Orthopaedic Impairment
6.	Sinusitis
7.	Heart Conditions
8.	Hearing Problems
9.	Hypertension
10.	Arthritis.

Source: Schaie and Willis 1991.

In only one of these problems is the incidence higher in the age group below 65 than for those above. This is sinusitus.

According to Schaie and Willis (1991), heart disease accounts for the majority of deaths in the over 65 age group. Due to the aging process involved, heart valves thicken abnormally. The organ is further weakened by lifetime accretion of fatty deposits. Schaie and Willis (1991) argue that heart disease is linked to lower levels of cognitive performance. This is not wholly due to physiological symptoms, but to personal psychological outlooks on illness. This introduces a very important tenet of this thesis' work on health; namely that an individual's physical condition engenders psychological sequelae that are often as harmful to the individual than the actual physical condition. This notion will be more fully explored momentarily. The second leading cause of death amongst the over 65s is cancer. Over 50% of all cancer fatalities occur in this age group.

Usually, in the case of an individual adopting a "sick role", freedom from stress, duty and social obligation ensues. However, in the case of the elderly, anxiety over physical deterioration usually overrides this. Not only due to illness, but also due to loss or reduction of sensory faculties, the individual suffers two main setbacks. The first of these is that the range of available options is limited. For example, retirement from work often results from health problems. Due to reduction of sensory capabilities certain simple, every day activities must be foregone; for example, driving a motor vehicle. Power (1980) found of his sample;

Table 2.9 Statistics on Elderly Mobility

29%	of those over 65 didn't travel due to health,
14%	were housebound due to their health,
52%	reported difficulty in walking a mile,
36%	reported being unable to walk a mile.

Source: Brian Power 1980.

Sheldon (1978) produced an interesting study on "The Natural History of Falls in Old Age". In this essay, they reported that old people fall more often than young people. Indeed, de Beauvoir (1973) believed that accidents increased six-fold with age.

Older people suffer from a greater number of "drop attacks" . Anti-gravity muscles lose tone, and a simple spasm can result in a fall. It can be quite hard for the victim of such a fall to get back up, as their muscles remain flaccid for a short period or until pressure is applied to the soles of the feet. Some believe this phenomenon to result from a disturbance of the brain-stems' reticular substance. 7% of falls of the elderly result from vertigo. This can often occur at dangerous times. For example, many of the cases Sheldon (1978) reported fell because they became disoriented on a staircase. Many others fell from stools and step-ladders when obtaining objects from high places. This resulted mostly from the fact that their heads were tilted back. The danger resulted from the fact that to stop themselves falling, they often dragged the

object or even the furniture down on top of themselves. This loss of balance, coupled with muscular problems and sensory decline is also responsible for a greater number of tripping incidents. Postural hypertension also causes many problems. This manifests itself in such a way that the elderly individual cannot rise too quickly from a lying, sitting or kneeling position, for fear of becoming overcome by dizziness.

It is obvious that in these cases, an elderly individual would have to modify behaviour somewhat in order to minimise risks. Also, behaviour must be modified in order to take into account certain physiological effects of illnesses. An example of this is given in another essay from Wiener (1978), "The Burden of Rheumatoid Arthritis: Tolerating the Uncertainty". Rheumatoid arthritis is a disease of the connective and supporting tissues of the body. In an individual it causes a great deal of pain and decreases dexterity, mobility, strength and energy. It brings uncertainty in it's wake, as to when it will reoccur, how potent the next attack will be, and of how great a duration it will be. Because hope of relief is juggled with fear of remission, psychological difficulties are encountered. There is also a dread of dependency resulting from the illness.

Five strategies to deal with the problem are put forward. These strategies also apply to dealing with other illnesses, or illness-related problems, such as being immobilised, bed-ridden or incontinent.

The first is that of normalising, that is , suppressing the pain imperative and proceeding with the activities of every day life. This second strategy is that of "covering up", that is, concealing disability and pain in a manner which does not deny their existence but refutes the fact that they are the sum of the identity. The third approach is "pacing". In this, the individual attempts to make up for time lost due to recurrent illnesses by catching up during the dormant phases of the malady on what he/she has missed out on during the active phases. The penultimate approach described is that of "re-normalising". In this, the individual lowers expectations and develops new norms for activity. The danger of this approach is that an individual's expectations can spiral downwards as the illnesses progresses. This can have the effect of depressing and demoralising the victim. The final approach listed in the essay is that of "eliciting help". This approach is the one that the health authorities and other institutions seem to advocate most. However, it is the approach least

favoured by the elderly, because it can compromise independence. Since with chronic illness there is little hope of recovery, the individual must carefully balance his/her options.

Furthermore, due to changes in health, anticipated lifespan is foreshortened to an even greater degree. Green (1968) documents the fact that the elderly choose faster metaphors for the passing of time. For example, they would sooner describe it as a fast-flowing river than a stagnant pool. This phenomenon, however, results as much from occupying a particular position on a life cycle scale as from illness.

Because of the biological aging process of the brain, and due to the psychological effects of illness, mental disorders plague the elderly. Carver and Liddiard (1978) chart a rise in neurotic disorder and depressive illness among the elderly. They found nearly one fifth of their sample to have "morbid mental outlooks". Many of these indicators of the mental health of the elderly are lumped under the catch-all "senility".

The criteria used for assessing senility are; psychological pathology, life satisfaction, self-acceptance, mastery of the environment and the ability to work, love and play . However, Birren and Woodruff (1975) and Butler and Lewis (1977) show that there are other factors involved, such as life review, reconciliation and self evaluation. These factors all bear a heavy influence on individual self-esteem, which is a very important element of psychological well-being.

The main problem that this paper finds is that mental health criteria for the assessment of the over 65s tend to be vague and ambiguous. They operate from stereotypes of normal aging, thus setting arbitrary and ill-fitting standards which disregard group norms, situational pressures, cultural differences and personal histories.

Researchers have used tests such as the Minnesota Multiphasic Personality Inventory to "prove" a difference in personality and cognitive functioning among the elderly. Indeed, the elderly did score higher on hypochondriasis and depression. This paper questions the validity of such tests across the human age spectrum. Schaie and Willis (1991) argue also that there is a difference between ages that any such test could not hope to validly span. This paper suggests that a different, or at least

customised set of personality/cognitive function assessment inventories should be used, and calls attention to the need for further research in this field.

Schaie and Willis (1991) list the following set of psychiatric disorders:

Table 2.10: Psychiatric Disorders.

1.	Brain Disorders
2.	Schizophrenia
3.	Functional Psychoses
4.	Alcoholism
5.	Psychoneurosis
6.	Personality Disorders
7.	Other.

Source: Schaie and Willis 1991.

According to this research, only one of these disorders rises to any significant degree after age 65, (Brain Disorders, 1.). Others, such as alcoholism, he found to drop after age 50.

One disorder that is overlooked is Alzheimer's Disease. Symptoms of this debility are: brain atrophy, plaques and neurofibrillary tangles. The malady is characterised by it's virulent attack upon the victim's body, an attack which can only be survived for a few years. Very little is known about the illness, to the extent that six possible causes are listed.

Depression in the elderly comes about for a number of reasons. Keith (1994) and Miller and Olson (1985) note that in four sample cultures is decrepitude is not valued, and that ability to function is a universal necessity. According to his research, old age is equated with lack of strenght and debility. Matthews (1979), explains how physical distress and/or psychological disturbance can lower instrumentality. Thus also, the lowering of self-esteem comes about.

Shanas and Binstock (1976) show how health influences social roles, social opportunity, self evaluation, ego integrity and ultimately life satisfaction. Thus, it is logical that a health related drop in self esteem can lead to depression.

Neugarten (1968a) supports the idea, as does this thesis, that a sense of control is associated with positive outcomes, including good health. Labelling and stigmatisation lead to lowered self -esteem and diminished feelings of self control.

Matthews (1979) argues that stereotyping of the elderly due to their health invokes the loss of coping abilities and a sense of incompetence. This essentially leads to the process of learned helplessness . In this process, the victim learns that "bad" events are uncontrollable, and thus the normative control of future events is powered. The new range of feelings, such as heightened passivity, anxiety, depression and lowered self esteem become internalised. The individual begins to see his/her-self as powerless.

Isaac's (1978) work points to a worst case scenario whereby an elderly person is debarred from activity and deprived from fulfilling relationships. The ensuing emotionally isolated condition can lead to one becoming indifferent to surroundings and at worst "apathetic...dishevelled and incontinent". Hence an elderly patient in care can "let go", or become difficult to manage, reviling staff and relatives.
One woman recounted her father's apathy in a care situation to me. He had become too difficult for her to manage at home, and so she had decided to place him in care for a few months. On being admitted to his room, a nurse remarked to him that his flies were undone. Without even looking at her he had replied "a dead bird isn't going to fly away even if the cage is open". His daughter finished the story by saying that he was still in the home.

Cohen (1984), also documents the fact that depression can result from despair in attempting to live with dignity and autonomy. Her study postulated that elderly mental health strongly reflects the bewilderment and dismay of individuals at the prejudice, indifference and alienation that they suffer.

Schaie and Willis (1991) document how some see aging as a process of increasing entropy, or a continuous chain of losses. Since depression is the normal reaction to any significant loss, the aging individual seems to be prone to the tragic existential scenario, and thus easy prey to depression. However depression comes

about, it has a very serious effect on the elderly individual. It manifests itself in multifarious forms. They list the following characteristics of depression:

Table 2.11 : Characteristics of Depression

Mental:
Painful Sadness
Pervasive Pessimism
Low Self Esteem
Gloomy Outlook
Lack of Interest
General Inactivity
Difficulty in Decision Making
Dreams of Lonliness and Isolation
Physical:
Severe Fatigue
Bowel Disorders
Sleep Disturbances

Source: Schaie and Willis 1991.

Depression is also related closely to hypochondriasis (e.g. complaints of backache, headache etc.) and to other illnesses.

Because certain medication, E.C.T. and psychotherapy can help cure depression, it is seen by many as a purely biological phenomenon.

However the elderly feel about their health, realistic assessments of health and illness predominate amongst them. 80% report fair to good health (Power 1980), and the majority of the rest are stoical. As with housing they seem on the surface to over-estimate their position.

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Some researchers would suggest that because good health in old age is lauded, the elderly would sooner report it. For example, a wealthy but ill old man is not considered to have as much "old age prestige" as a middle class healthy old man.. However, this is only a skeletal example, since so many other factors could influence esteem.

Peck (1968) sees the issue of health as one of body transcendence versus ego preoccupation. Some people endure great pain and disability, and yet are still happy and enjoy life. Some, in a downward spiral of health, simply cannot be happy. This outlook shows once again how the diversity of the elderly helps to confound theoretical analysis of them. If one takes into account the socio-cultural explanatory styles with which the elderly justify their illnesses, this theory certainly has a lot to offer the inquiry. This is because aging is culturally mutable and individually interpreted, (Riley and Riley 1989).

Two of the most emminent gerontologists, Matilda White Riley and John Riley Sr. are themselves octogenarians, and it is fitting that they should be allowed to conclude this section. Firstly, they provide research evidence that demonstrates that the aging process is neither fixed nor immutable. Many symptoms that were formerly attributed to aging, such as cardiac disturbance or trouble with the cerebral glucose metabolistic equilibrium, are instead caused by disease. They state quite candidly that inevitable decline due to aging is a fallacy. Writing after their 58th year married they reported that they had found no reason to believe that old age should cause ill health, despondency, sexual incapacitation or problems with memory, Riley and Riley (1989).

Neugarten (1968a) explains that health is important to an individual because it is one of the four "life anchors". An intact body image helps to balance external/internal elements which can deplete/overburden/restore ego balances.

This is the reason why the health of the elderly and our culture's view of same is important. Health, or a healthy outlook towards ones' body allows one to take satisfaction out of life and the environment. Helping people to achieve this "satisfaction" and outlook is a worthy goal for cultural gerontology.

Section 2.5 Retirement

This section deals with retirement, both by choice, and against an individual's will. It discusses the reasons for retirement, the processes involved and their effect upon the individual.

The first task is that of identifying who the retirees are in the Irish sense. 70% of Irish males and 60% of Irish females retire at the age of 65. For the working class, retirement usually occurs about five years earlier. Professionals spent extra time when young in training and education and so they continue to work that little bit longer to compensate. (Also, professional level education does not become obsolete so easily).

Fogarty (1986) tells us that in Ireland there is still a relatively high percentage above the age of 65 economically active. Whelan and Whelan (1988), found 27% of males and 3.8% of females "gainfully employed" above the age of 65. However, they report that the percentage economically active is steadily decreasing.

Retirement is a significant topic for many reasons. The first of these is the importance of the "job", especially for males (Aiken 1982). To answer, "I am a teacher", when asked "What do you do?" is to define, describe and identify oneself with an occupation. For males, who may have been working since the 1940's or thereabouts, there is the added element of playing the role of "breadwinner". Because an occupation is so integrated with the ego, it's loss can affect both physical and mental health, (Erikson 1968).

Because jobs give meaning and importance to an individual, being retired is often thought of as being useless or obsolete. The question remains, then, why people retire. Townsend (1975) tells us that 58% of those who retire do so due to ill health. 27% of retirements are compulsory, or employer initiated. 15% of retirements result from personal choice. There are (according to Kendig (1979)) five methods which employers use to keep older workers from the workplace or remove them from it. The first of these is dismissal. Next is involuntary or premature retirement. The third is actualised by setting an age ceiling on the recruitment of new staff. The fourth

method is that of setting an age limit on training and promotions. Lastly, the employer can decide only to consider younger workers for new positions.

Many authors believe, and perhaps rightly so, that the attitude of many employers towards the elderly is discriminatory. In fact, age discrimination is the only form of discrimination which has widespread approval in corporate life. (For more on such attitudes, see Section 3.4, Ageism).

Age discrimination in employment comes about for several reasons. The first of these is a belief that older workers are inefficient. Educationally they are obsolete, and due to their age they are inflexible, and unable to cope with modernity and change.

The other reason why employers seek to exclude elderly workers is that they are seen as being more expensive. To a company, an elderly worker usually means increased outlay on health care and pensions. Also, the low starting wages used to entice younger workers are not thought of as being suitable to older workers. Some companies like to support a youthful image. They seek "new blood", that is, younger, fresher workers who have their "finger on the pulse" of the industry to a greater degree, and thus are more in tune with modern trends. Older workers often occupy important places in industrial hierarchies and are thus thought of as impeding the rise of younger, upwardly mobile professionals.

Also, the belief endures that the retraining of older workers is wasteful, since these individuals have less foreseeable time left with the company. However, younger workers often leave the company more quickly after training, since they tend to be more mobile and less loyal to the company. These younger workers often enter the company lacking a matured work ethic and the workplace socialisation that older workers commonly enjoy.

Furthermore, Aiken (1982) tells us that elder people are less accident prone , more careful and patient, absent less, and have greater experience and judgement at their disposable than younger employees. For these reasons, he believes that the elderly make good employees, and thus retirement should not be looked at or used as a form of relegation.

However, retirement *is* looked upon as being a relegation of sorts. Whelan and Whelan (1988) report that 40% of their sample fear retirement. After the fact, 32% have trouble settling down . Less than 25% reported enjoyment from retirement. 51.6% reported unhappiness with their retirement. Retirement is viewed with unease and trepidation because a job keeps one's personal demons away. It also validates self and family roles (Aiken 1982). Thus, retirement implies failed strength, skill and knowledge, as well as uselessness (Townsend 1975b). Because of this, states Brunswick (1968), the immediate reaction to retirement *is* disengagement and depression.

The 1994 Eurobarometer report lends the following statistics to discussion: 58% of those retired didn't want to work anyway, 40% would like to be working, with more than a quarter of the total sample expressing a preference for full-time labour. The report also highlighted the fact that there is substantial opposition to the notion of one age group making way for another, (See Table 2.12).

Table 2.12: Responses to the statement "People in their fifties should give up work to make way for younger people".

Agree Strongly	8.2%
Agree	18.5%
Disagree	26.7%
Disagree Strongly	40.8%

Source: Age and Attitudes- Main Results from a
Eurobarometer Survey ,
Commission of the European Communities 1994.

65% of the sample believed that laws should be introduced to stop age discrimination in employment , (See table 2.13).

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Table 2.13: Proportion Believing that Older Workers are
Discriminated Against in Employment.

1. Recruitment	74.7%
2. Promotion	63.3%
3. Training	69.6%
4. Status	49.7%

Source: Age and Attitudes - Main Results From a
Eurobarometer Survey.
Commission of the European Communities 1994.

Hardly any difference in the answers in the answers of male/female and old/young was noted in respect to the statement.

Generally, the public supports flexible, phased retirement, part-time work for the elderly and the implementation of work sharing schemes. 86% of the elderly believe that mandatory retirement should be abolished.

In the past, industrial hierarchies existed (Neugarten 1968b). As one passed from late adolescence through middle age and into old age one passed through the roles of apprentice, journeyman and master. Wages, security and prestige rose with age. Now, however, the system is defunct and none of the three can realistically be expected to rise with age although Neugarten(1968b) holds that wages and security still do.

Some cultures world-wide have special marks of privilege for the aged, for example, enhanced political position, the attribution of wisdom and titles of respect (Fry 1980). However, it is difficult to locate any of these in Irish culture to any significant degree, as can be seen through the work of Keith et al. (1994).

Usually, in modern Western society, retirement is found. In traditional non-Western societies roles are also shifted, to sedentary, advisory or supervisory

positions. In Irish culture, this usually means domestic chores such as child-minding, both of which are chores of a relatively low value (Hendricks and Hendricks 1979a).

In the 1930's, the elderly were recognised as a group having special needs and creating special "problems" or concerns for society as a whole. More recently, they have become a group which is specially catered for. Since the Second World War, clubs, societies, centres and recreational facilities have been created or made open to them. In 1961, the elderly gained international recognition due to the White House Conference on Aging. Since then, state, union and industrial involvement in leisure has risen.

After retirement, gerontological theory states that meaningful activity is required to ensure continued life satisfaction (Keith et al. 1994, Berghorn et al. 1978). The social actor has given up certain roles and activities and must replace them. Thus, the rationale provided for leisure is that it is meant to facilitate the projection of a meaningful social future (Neugarten 1968a).

Improved levels of private and public pension encourage people to retire early. At the centre of the leisure ideal is the notion that leisure time in post-retirement years is an entitlement which must be utilised. Some see this as a corporate ploy to encourage premature retirement. Others, such as Reich (1971) sees it as a ploy by "Big Business" to create a leisured sub-class who equate personal freedom with consumer freedom.. By this, business aims to establish new markets for itself among the elderly.

Many people aren't as enamoured of their jobs as contemporary research claims. Consequently, they aren't as upset by retirement as the literature would have one believe. However, a shock is still experienced which is brought about by a sudden drop in income and increase in free time, as documented by Berghorn et al. (1978).

Altergott (1988) tells us that old people keep up their levels of activity and that the "rocking chair" stereotype is unfounded. A retiree normally gains up to 40+ hours a week of free time. For the males, problems are often found in re-entering the domestic sphere, which is traditionally the realm of the woman. Post-retirement, a

man's home obligations double, and a woman's rise by 20%. There is an increase of 60% on time spent doing chores and shopping, and one of 80% on food preparation.

In household tasks, the roles of the male and female can often converge. However, there is a divergence in time spent on hobbies and pastimes. Females cite bingo, books, letter writing, visiting, sewing and knitting as their main interests. Men favour sport, gardening, driving, D.I.Y., newspapers and pubs. Both sexes enjoy television quite regularly. It is a sedentary pursuit that can be carried out with others as well as in tandem with another hobby such as reading a magazine or knitting. Furthermore, following television programmes helps one to organise one's time. The television is also popular since it provides company as well as entertainment.

Retirement is a process, not an event. Many see this process as being characterised by the loss of valued roles. Neugarten (1968a) sees it as a role discontinuation. It is a "Rite of Passage". Thus, it involves a "ceasing" and a "becoming". In the case of retirement, the latter is often overlooked, postulating disengagement (See Section 6.2).

Retirement certainly does cause problems for the individual when looked upon solely as a "ceasing". Whelan and Whelan (1988) list seven stresses caused by changes in the life-cycle. Of these, they link four directly to retirement. These are: cessation of employment, drop in income (of up to 50%), increased leisure and increased reliance on the state.

Altergott (1988) lists five stages that characterise retirement. The first of these is the honeymoon phase. This is where the voluntarily retired begin to explore their freedom with their savings levels still relatively high. The second stage is one of rest and relaxation, where activity levels drop. This leads to a state of disenchantment due to the loss of the benefits of work. The fourth stage is one of re-orientation, with the individual reassessing his/her situation. Hopefully, this should lead to a return to stability and satisfaction which become the routine of the fifth stage.

When discussing adjustment to retirement an understanding of the importance of an occupation to an individual is a prerequisite. Employment provides psychological benefits by providing access to the following categories of experience:

1. Enforced activity

2. Social contacts (Continued employment embeds the individual

in a web of social functions and relations).

3. Pursuit of a collective purpose

4. Temporal constructs

5. Social status

6. Validation of personal identity

7. Fulfilment of a sense of contribution leading to independence

and autonomy (Erikson 1968).

To enjoy these psychological benefits, the particular job doesn't have to be pleasurable.

Riley and Riley (1989) note that the functioning of older people is contingent upon social conditions. Thus, "decline" may well result for individuals who have trouble finding suitable roles that allow them to utilise their strengths. Challenges that are provided by a job help to form a sense of stability that is central to the self.

Riley and Riley (1989) provide the following data from the U.S. National Institute on Aging:

1. Intellectual functioning of over 65's rises if they are in a work situation which is challenging and calls for self direction..

2. Intelligence for the very old can equal that of the very young if their work situation provides an environment that has incentives and opportunities to learn new strategies.

3. A stimulating and complex environment can enhance memory.

4. Training and consistent feedback can increase reaction times.

5. Sense of personal control and independence can increase with the greater amount of social activity afforded by an occupation.

It should be obvious, then, that the loss of these benefits would affect the individual. Furthermore, trauma is caused by the actual transition involved in the retirement process. According to Peck (1968), the issue is one of ego-differentiation versus work-role preoccupation. There is a crucial shift in the value system by which

the retiring individual can re-appraise/redefine his/her worth and take satisfaction from a broader range of activities than just the long-term specific work role.

Successful adaptation, therefore, relies on a varied set of valued activities and self attributes so that any one of a number of alternatives may be pursued with a sense of satisfaction and worthwhileness. The quality of retirement, then, is determined by the potentialities and assets the individual retiree brings to it. It is individually experienced and there is evidence to suggest that a full and varied life-style can bring an individual quite happily through it all.

New trends in earlier retirement deprive society of the services of the elderly, whom Hahn (1992) regards as a much neglected resource, rich in accumulated wisdom and experience and (some) with a will to repay society. More importantly, however, by the act of exclusion our culture further marginalizes the elderly, causing unwholesome and unnecessary sequelae to all parties involved.

3.1 Introduction

This chapter examines the particular ideas that are held about the elderly in Ireland. Attitudes, values and belief of the general public are discussed in relation to the elderly Irish. Negative outlooks towards the elderly are explored in Section 3.4 'Ageism `.

The opinions and attitudes of the elderly themselves are featured, in relation to how they view themselves and their lot. Lastly, the set of misconceptions concerning the elderly is described, and their effect upon the elderly is noted in Section 3.5 'Myths about Aging and the Elderly'.

3.2 Attitudes Towards the Aging and the Elderly

One point about peoples ideas of the elderly has been documented by a vast number of sources in the literature. Researchers have found that in Western culture, people believe the elderly to be a class apart. Butler (1968a) refutes this idea, and points out that by no means should the elderly be classified as a homogeneous group. Berghorn et al. (1978) argue against this mode of thought and Daly (1984) provides evidence that the idea of a homogeneous picture of the elderly is inapplicable to Irish culture.

Such notions endure, because when viewing differential elements, people tend to genericize. Stereotypes, when looked at in this light can be seen as shared beliefs that simplify attitudes or objects in such a manner as to render them more easily judged (Hayes and Harris 1993). This facilitates assessment of the social value of the elderly in such a way that appropriate forms of behaviour towards them are suggested.

Whether or not an attitude is expressed overtly, the fact that it endures is all-important. Whatever form the attitude takes, for example, a belief which is deeply ingrained from childhood, or flexible and borrowed from the peer group, it still sreves

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the same function. It helps to convert, simplify and genericize information received. It allows one to express ones values in a culturally acceptable manner. This in turn enables one to behave appropriately in a given context through a process of conformity which makes rationalisation and justification easier. Lastly, an attitude can help an individual's self-esteem by altering the perception of reality in a manner which is personally found suitable. In this way, the elderly are thought of as 'them' as opposed to 'us'. This allows people to transfer their fears of aging to a scapegoat group. It is a form of denial of that the adverse effects of aging will one day challenge the individual.

Another example of the action of attitudes is given by Hayes and Harris (1993). The attitude given in their example is : "Older people are a burden on society". Taking into account the functions of attitudes listed above, this attitude allows people to :

1. Evade and ignore the problems foisted on the elderly, 2. Accord higher status to workers, because they are contributing more to society, 3. Thus justifying condescension towards the elderly, 4. Deny aging as a process and form, (Hayes and Harris 1993:13).

There are many beliefs held about the elderly in our culture and many nuances of the overall attitude towards them. In fact, there are simply too many attitudes towards the elderly to list in a discursive manner. Due to an attempt to control the scope of these attitudes, and provide some sort of focus which will be of use in theoreticizing, this paper will now list briefly the main attitudes towards the elderly which were found to be pertinent to this section.

The first thing that strikes even the casual researcher on attitudes towards the elderly is the gulf between the cultural perception of the elderly (as embodied in peoples attitudes towards them) and the cultural reality of the elderly.

For example, Berghorn et al. (1978) provide information on the disparity between how the elderly perceive the importance of three problems to the over 65's. This information is presented overleaf in Table 3.1..

Table 3.1: Findings on the difference in opinion of the importance of
three problems to the elderly (between the public and the elderly).

	Public	Elderly
See poor health as a problem	51%	21%
See medical care as a problem	44%	10%
See lonliness as a problem	60%	12%

Source: Berghorn et al. 1978.

Jerrome (1983) presents similar evidence to this effect. She listed ten problems that face the elderly and asked four groups (staff at a care facility, experts on aging, young people and the elderly themselves) to rank them in order of importance. These finding are presented below in Table 3.2. The findings on how the elderly themselves rated these problems are presented in Section.3.2,Table 3.4.

Table 3.2: Ranking of Perceived Problems that face the Elderly (by Care
Facility Staff, Gerontologists (Experts) and Young People
(Youth)).

Staff	Experts	Youth
Lonliness	Relationships	Mobility
Relationships	Mobility	Lonliness
Ill-Health	Lonliness	Ill-Health
Boredom	Ill-Health	Helplessness
Mobility	Finances	Relationships

Unhappiness	Helplessness	Unhappiness
Finances	Fear of Death	Fear of Death
Helplessness	Loss of Freedom	Finances
Fear of Death	Unhappiness	Boredom
Loss of Freedom	Boredom	Loss of Freedom

Source: Jerrome 1983.

Table 3.2 illustrates how an individual's position can shape what they think about the elderly. For example, the fact that Youth think that loss of mobility is the greatest problem facing the elderly could just illustrate the fact that loss of mobility is the thing that they most fear about becoming old.

Quite a lot of research has been published on the attitudes of the young towards the elderly. This is mostly because Irish culture is believed to have a youth centered outlook. Thus, the young provide the best insight into the prevailing attitudes towards the elderly, especially those that researchers strive most to fathom, the negative ones.

Shanas and Binstock (1976) remind us how labelling constructs social reality (this paper adds that labelling also reflects and reinvents cultural reality). Heterostereotypes such as those used in labelling are taken into account by groups forming autostereotypes (Hayes and Harris 1993). Put simply, when people are determining their own self-concept, they will first take into account how other people percieve them.

Power (1987) ascertains the fact that prevailing attitudes towards the elderly are negative and restricting. Thus, if the elderly do begin to assimulate these folk philosophies, there is a very tangible danger of them forming an exaggerated negative view (Berghorn et al. 1978). As mentioned before, the creation of the elderly as an entity separate from normal existence is complete. Now, research finds that people over the age of 65 classify others as elderly, but not themselves. Hence, Aiken (1982) tells us that the true greatest problem of the elderly is the attitude of the general public towards them.

Power (1987) provides recent Irish data on how the youth views the elderly. Firstly, he gives us a brief discription of his teenage sample. Only 4% of them had elderly people sharing their residence. 2% belonged to care groups. 65% had no elderly 'friend' and 66% didn't speak on a regular basis with someone old. However, most believe that they get on alright with elderly people. The important point Power makes is that unless life experience or third level education changes their opinion, most of their views of the elderly will endure for life. Also, increasing numbers of these teenagers will end up dealing with the elderly in later years due to demographic changes (See Section 2.2).

65% of the sample believed thar the elderly are treated well enough) in a general sense. However 88% of a sample from the Eurobarometer Report 1994 believed that something was astray, and that the elderly should stand up for their rights more actively. 52% of the sample used predominantly negative adjectives to describe the elderly. 31% favoured more positive descriptions.

Power (1987) also assessed what the youth believed the elderly thought of them . His findings are presented in the Table 3.3, below.

Table 3.3 : How the Youth believe the Elderly perceive them.

Belief	% of Youth
Don't understand us	66%
Are afraid of us	48%
Think we're vandals	46%
Think we're disrespectful	42%
Think we're 'brats'	33%
Like us	20%

Think negatively of us	72%
Think positively about us	17%

Source: Power 1987.

Many of the Irish bodies that provide information on the elderly see the attitudes of the public towards their study as a matter of prime importance. For example, in the 1990's The National Council for the Elderly inaugarated the Age and Opportunity organization in Dublin. Their aim is to change peoples attitudes to aging, demonstrating a positive image of the older person and encouraging greater understanding between generations. They operate on the belief that what people think of the elderly is culturally postulated, and can thus be manipulated to produce the change they desire.

It is as Berghorn et al. (1978) described it ; that with the correct input certain folk philosophies about the elderly can be changed. The goal, then, is to change 'dirty old men' into 'sensuous senior citizens'.

3.3 Attitudes of The Elderly.

This section deals with how the elderly perceive their own situation. As noted in Sections 2.3, 2.4 and 3.2, they generally don't see their fate as worse than that of anybody else, Berghorn et al. (1978). The main messages that they seek to convey are that they want to continue making their own decisions, and that they want to be treated with dignity rather than be forced into marginal positions, Butler and Lewis (1977).

In Section 3.2, Table 3.2, a ranking of what others believe to be the most serious problems bedevilling the elderly is provided. Table 3.4 (below) shows how the elderly themselves rank these problems.

Table 3.4 : Ranking of the top ten problems that affect the elderly, by the elderly.

1. Lonliness	6. Helplessness
2. Ill-Health	7. Unhappiness
3. Mobility	8. Fear of Death
4. Finances	9. Boredom
5. Relationships	10. Loss of Freedom

Source : Jerrome (1983).

Much of this Section 3.2 dealt with how the youth perceived the elderly. How, then, do the elderly percieve youth. Daly (1984) provides data from an Irish sample on this topic.

Her sample stated that the youth had no time for the elderly, and expressed negative attitudes towards them. They believed also, that the youth today 'had it too soft'. However, this paper's research finds these reported attitudes to be slightly overstated. Its findings concur with those of the Eurobarometer Report 1994, in which the elderly reported finding 82% of the youth to be helpful. One elderly man interviewed for this thesis expressed the point of view that older people had nothing against young people. Rather, it was expected that they should be bitter because in Western culuture the focus is on youth, thus causing them (the elderly) to be overlooked.

Power's 1980 report provides data of a more general nature on the opinions of the elderly. Only 5% of his sample of elderly reported suffering from depression. However, a General Practicioner interviewed on this subject professed a belief that as many as twenty per cent of the elderly could realistically be expected to suffer from depression. Unfortunately, due to the statistical nature of reports like Powers, the

subjective element is overlooked, providing results which are often innaccurate for this reason.

16% of Power's sample expressed negative sentiments about their lives and current situations, leaving 84% reporting relative satisfaction. As noted in Table 3.4, the elderly see their greatest problem as lonliness. 40% of Power's 1987 sample reported experiencing lonliness. In 61% of these cases the lonliness resulted from the loss of a relative or loved one. Over 25% of the total sample did not enjoy living alone, 61% enjoyed it and 68% got freedom and peace from it.

This is not to say that the elderly generally feel that old age has given them a new lease on life. 33.9% would agree to this, but 51.6% of the Eurobarometer Report (1994) would disagree. Living alone, for older people, often runs contrary to 80% of their previous lives, firstly living as a child in a family and secondly living as a parent in a family. From the age of 50 or so, however, they often find themselves living alone as their children leave home.

For couples, this is seen as a time to relax and spend time alone together, the stress of childbearing behind them. Roughly 77% find post-parental lives better or at least as good as preceeding phases in the life cycle.

It is around this time (in life cycle terms) that parents become grandparents, so that by the time an individual reaches 65, their grandchildren will be adolescents. Thus, a whole new role, that of grandparent can be entered. Neugarten (1968) reports on how the elderly or late middle-aged adapt to their new role, 60% find the role comfortable, 24% find it satisfies their sense of achievment in having continued their lineage and left something worthwhile behind. 22% report that it provides emotional fulfillment. In cultures where power and prestige are granted to the elderly, relations with grandchildren are more often formal and authoritarian. However, parents tend to be more permissive in our culture, releasing their parents from stricture and thus allowing them to have warmer, more informal and indulgent relations with their offspring. Furthermore, the grandparents stake in the children is lower, and thus they can take pleasure from the relationship without the burden of responsibility.

Other general opinions that the elderly hold are presented in Daly (1984). They perceive a decrease in the value of money, and also in 'neighbourliness'. They

believe that the power of the Catholic church has waned, and that public morals have decreased. They believe that later generations don't share their values, and roughly 55% express regret that 'old ways' are gone.

44% believe that they get enough respect from those younger. This figure was exactly equal to that found by the Eurobarometer Report (1994). The Eurobarometer Report found that 21% reported recieving less respect since they had reached the age of 65.

The elderly express a fear of becoming dependent on their families. 51% of the Eurobarometer sample expressed a belief that families are less willing to care for the elderly than in the past. However, the majority are content to relax with their working life over and let the state care for them. 82% of the Eurobarometer sample believed that care for the over 65's (i.e them) should come from the state, as funded by the taxes of those in employment. 16% are less than happy with the government.

Not as many of the elderly as might be supposed worry about security. Power 1980 found that 75% of his sample weren't frightened of violence, burgulars and mugging. 8% were. However, it is highly likely that an equal number of any other age group would live in fear of such things.

In a study carried out by Matthews in 1979, 50% of an 'elderly' sample said that they felt more middle-aged. Only 20% actually identified themselves as 'elderly'. The theory of 'role distance' is applied to this phenomenon. In this theory's postulation, the elderly themselves adhere to a creation of a separate group of the elderly, in order to externalize and relocate the undesirable sequlae of aging. Hence, they will call others of their age 'poor old dears' and offer them sympathy without identifying with them.

Most of the elderly see 70 as the marker for the onset of old age. Most, if they can be brought to think of their own old age report feeling younger than they should, and advise other elderly not to be fatalistic because of their age.

Perhaps due to advances in medical science they actually are biologically weathering age better and reporting greater physiological well-being. Also, due to the discrepancy between old age as postulated by Western Culture, and the individuals

experience of same, people are surprised to attain the age of 65 and not be instantly innundated with the harsh blows of age.

The importance of this section is that it reveals to us the fact that it is not the circumstance of the elderly that is important. Rather, it is how the individual perceives and personally interprets these circumstances that matters.

Many of the elderly (but also many other people of all age groups) are beset by financial difficulties, health problems, stereotyping and lonliness. However, the important aspect is how as individuals the elderly transcend these worries and preoccupations. This is why, with (perhaps) decreasing health and finances, the vast majority of the elderly can report taking pleasure from life, with 70% (Eurobarometer Report 1994) reporting satisfaction with the day-to-day business of living.

3.4 Ageism

The term 'Ageism' was coined by Robert N. Butler in the late 1960's. It is defined as a systematic stereotyping against people because they are old, Butler and Lewis (1977).

In this formula, ageism is made up of a numerous set of widely held but erroneous beliefs about the elderly. The formula also fears the reverse, that is, that the aged may in turn discriminate against those younger than them, especially those in the 15 to 25 age group.

For a follower of the ageist credo, the elderly are seen as senile, garrulous and old fashioned (among other things). Aging is something which is seen as repulsive, and every attempt is made to off-put its effects, with medicines, cosmetics and other tools.

Hayes and Harris (1993) tell us that ageism manifests itself through attitudes and behaviour and the expression of cultural values such as an emphasis on youth in social policy or the media. Cohen (1984) believes that for the elderly themselves this amounts to a culturally promoted self-hatred which comes about through many different socialization experiences. These are absorbed through books, television, magazines and the media which express overall cultural outlooks.

Many believe that the elderly are an unnessecary drain on health resources. It is believed that this disproportionate drawing on health resources stultifies the monetary atmosphere and the research environment by over using sophisticated and specialized medicine. It is believed that this is a waste, because the elderly are so close to 'the end of the line'. However, to espouse such a point of view is almost like saying that AIDS research is a waste when so many innocents are dying of diahorrea in the Third World.

Another belief is that the extra time bought by such medicine is low quality time since the empasis is on increased longevity rather than comfort. Hence, the elderly are seen as unnessecarily enduring great pain for the sake of a few years, moths, weeks or even days of life. However, in Western Science, the hippocratic oath of a doctor is to prolong life, and the comfort of the survivor is secondary, since to allow things to happen any other way is, in part at least, endorsing euthanasia.

One local G.P told me that his profit for looking after an elderly patient for a year was only £54 and that to be realistic, there was only so much one could do with available resources. Furthermore, the cost of running a practice amounts to more than is provided by looking after the elderly. The same G.P also reported that the elderly were often hard to work with because of their attitudes. They often had the opinion that if they had a sore throat, the doctor would supply a sore throat pill and everything would get better. They saw it as the doctors responsibility to provide that pill. Because of this outlook, they are loathe to listen to advice on how they could do something for themselves, and the reporting G.P often found that any accusation for a bout of ill-health was pointed at him. He found that the families of the elderly were especially guilty of this. Though this data does not necessarily reflect all G.P.'s ideas of the elderly, it is still interesting to note.

Power (1987) found that 28% of a teenage sample specified a definite age at which use to society ceases. 56% were anxious about becoming 'old', which is reasonable enough if the fact that 64% of them saw being old as being lonely and helpless is taken into account. Only 46% said that they wanted to live to be older than

80. However, on the eve of their 80th birthday they might have something different to say about the subject.

Many sources especially in 'Social Work Today' magazine have documented a new focus on 'elder abuse'. Over the age of 80, some individuals, for health or financial positions become dependent upon a carer. Cases have been found where the primary carer abuses their ward (Prichard 1989) creating 'unmet needs' for them, causing or caused by physical/mental isolations that diminish the individuals rights (Hildrew 1991). Cohen (1984) gives the examples of sons with-holding pension cheques from their vulnerable old mothers and sons mistreating and beating parents. The parents options are limited, and due to the shame attached, parents are too timorous to report their treatment to a third party.

Cases are also cited where awkward patients in institutions are doped up or illegally restrained by a marginally trained, minimally paid staff. Many examples which prove these things to occur have been cited in the literature. This paper would not deny that such occurances may be happening. However, it links these occurances to the 'Myth of the Evil Institution' which is dealt with in Section 3.5.

Elderly people are sometimes mugged. Many believe that this is because they are weaker and put up less of a fight, and that they are singled out for this reason. However, the age group 20-25, especially among males is where the highest incident of mugging occurs.

Neugarten (1968b) postulates that the elderly aren't systematically deprived of power, status or jobs. Similarly, Shanas and Binstock (1976) report that though the elderly don't escape discrimination, they are not singularly targeted. However, their studies overlook the fact that a negative attitude must not be acted upon to do its damage. The fact that it exists and steers individuals in an almost subliminal manner is enough. Thus to be ageist, one must not necessarily act overtly against them. One merely has to harbour an attitude that could cause one to act against them.

As described in Section 3.2, age discrimination comes about because it allows individuals to externalize their fears about aging. It facilitates the creation of a

scapegoat which enforces a negative age dynamic. Thus, aging is seen to only really effect a certain group for certain reasons, and the individual has less reason to fear it.

Hayes and Harris (1993:18) list 14 fears about old age that younger people suffer from. Among these are; loss of physical and mental ability, potency, looks, money, satus and independence. These fears are transferred to a group that even the elderly themselves will not fully identify with (see Section 3.3).

As mentioned in Section 3.2, the danger lies in the elderly themselves learning to accept these stereotypes. The possibilty arises, of individuals identifying with elements of the stereotype, and thus internalizing them. Bengtson et al. (1978) argue that this involves the loss of coping abilities. Neugarten (1968a) says that this leads to lower self-esteem and diminshed feelings of self-control.

Such stigmatization of the elderly creates ideologies which explain others (supposed) inferiority, by the usage of negative terms, imputation of imperfections and desirable attributes (for example, saying that all elderly people are 'kind hearted' or wise). This enables the observer to interpret an elderly person's behaviour as a direct result of their age or manifestation of such.

The importance of understanding the full effects of negative stereotypes about the elderly is difficult to understater. As such the issue is a prime concern with the main bodies that the Irish Government has employed to advise on the elderly.

It has been fully realized by these bodies that one of the most powerful ways to improve the position of the elderly in Irish culture is to make people genuinely aware of the error of perceiving the elderly in a stereotypical manner. To this end, the organizations concerned seek to educate the populace as to the dangers involved in stereotyping. They also seek to bring light a more realistic picture of the elderly. The main tools they use are cognitive dissonance (actually showing the populace the inapt character of their attitudes) and persuasive communications (i.e. using the media to introduce people to the cultural reality of the elderly, Hayes and Harris (1993)).

This thesis fully respects the enlightened implementation of such projects as vitally important, due to the influence of cultural biases on individual interpretation of age (Chapter One) and role (Section 4.6). Ageism, taken for the discriminatory

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doctrine that it is, can obviously not be supported in a culture that has realized the inequity of sexism and racism. Thus, any attempts to dispel negative attitudes towards aging or the elderly deserve to be lauded.

3.5 Myths about the Elderly.

The following Section lists and discusses the most prevalent myths and misconceptions about older people that are found in Western Culture. Many of these stereotypes often do not portray life as it is experienced (Daly and O'Connor 1984). Rather, they reflect a socio-cultural atmosphere, and in context they help to explain much of Irish Cultures outlook towards the elderly. Because many of these myths and stereotypes are not linked, they are merely listed systematically below, and discussed as they arise.

Several sources in the literature have listed various 'myths concerning the elderly'. The first of these lists dealt with by this paper is that presented by Aiken in 1982. He found that it was generally believed that most elderly people:

i.) were ill or poorly.

ii) were senile or in a 'second childhood'.

iii) were rigid or inflexible.

iv) can't work well/should retire.

v) had no sex life.

vi) seek to withdraw or disengage.

vii) live alone or have been abandoned by kin.

viii) do or should live in institutions.

The seventh point above (that the elderly live alone or have been abandoned by kin) is now discussed. The first myth concerning the elderly and their families is termed 'The Myth of the Golden Age'. In this formula, it is believed that in the past, the elderly enjoyed higher status and prestige and were closely supported and nurtured by their families. Goode (1970) paints a picture of the classical family of Western

nostalgia. Mostly rural based, three generations would have shared a farmstead. The family was the source of economic security, vocation, education and religion. However, Hendricks and Hendricks (1979) argue that Western Europe disvalued old age and did not tolerate the elderly in the manner in which myth would imply. This myth and sahient issues are further discussed in Section 5.2, 'History of the Family'.

It is generally postulated (in connection with the 'Golden Age' myth at least) that increased industrialization and urbanization created geographical and social mobilty which led to the decline of this family type. The idea of the industrial milieu segregating the family is incorrect. This is because such family segregation pre-dates modernization, (Laslett 1977). So, reasonable doubt as to the validity of the 'before' described by the 'Golden Age' myth exists.

However, a belief in this 'before' has led to a belief that many elderly are now kin-wrecked, deserted and relegated to homes. Saul (1974) sees the view that families no longer care as dysfunctional, resluting in skewed judgements about the elderly. Also, this notion seems to overlook the fact that the elderly are not overly demanding of kin-network resources. As seen in Section 3.3 and Chapter 5, the elderly strongly endorse self reliance (Laslett 1977). Butler and Lewis (1977) see the myth of the socially isolated elderly as resulting from such views, and being helped along by social workers and policy makers whose only experience or focus on the elderly is based on elderly who actually are isolated. Thus they believe that all elderly are socially isolated or seek to portray them as such. However, many studies exist which provide research evidence to dispel this myth, (an Irish example is provided by Whelan and Vaughan (1982)).

The belief that many elderly have been abandoned by kin is closely related to the misconception that many of the elderly live in institutions. Many non-professionals to whom the idea of this was introduced during interviews believed that it's primary focus would be the institutionalized elderly. Similarly, when I first began to think about entry into this field, I myself thought that this would be the case. Power, in his 1987 study found that of his sample thought that 50% of the elderly were in old folks' homes. One person interviewed for this thesis when asked to guess

what percentage of the elderly were in homes replied "well... it's not that many...about 40%". The actual figure is between 3% and 4% for most Western nations, including Ireland. This discrepancy stems perhaps from television and literature in which the main plight of elderly actors is institutionalization. Townsend (1975) reports that the families of the institutionalized elderly were often found to be more affectionate, with 82% of them living only 30 minutes away. Considering the high cost of nursing homes, this may well be true. Overall, Townsend finds it unjustifiable to think of todays elderly as deserted (for more on this see Chapter 5).

Another myth concerning institutions is the 'Myth of the Evil Insitution'. In this formula, the elderly are forcibly uprooted from their environments and incarcerated in an institution that is little more than a madhouse. There, they are treated like children or forced to take drugs that keep them quiet. The picture painted of the 'inmates' is one of battered, despondent oldsters becoming more and more lost in the inclinement, confusing atmosphere of the home. On the evidence uncovered by this study, elements of this picture can exist, although the overall view given by this myth can be described as 'far-fetched'.

Berghorn et al. (1978) critique the 'Myth of the Golden Years'. They term it 'the romantic complex', in which the elderly are seen as being happy with themselves and altriustic. Their environment is seen as stable and undemanding, their needs and desires having diminished. They are a leisured subclass with plenty of time to enjoy life, and this creates a voluntary 'spryness' that enables them to stay healthy . These elderly are the soft-focused grandparents and happy old-timers of the pension salespeople. These are elderly people who are depicted as having health and money and the free time to enjoy it and remember the past. 'The Golden Years' formula also holds (in part) that the lives remembered by these 'goldsters' were also of a satisfactory nature. One elderly taxi-driver interviewed for this paper provided ample refutation of that ideal. Though he was now satisfied with his situation he told me:

> "if anybody tries to talk to me about the good old days, I feel like punching him in the nose. Those weren't good old days.... children went to school in their bare feet....we often went without".

This man had been brought up in Dublin and reflected some of the characteristics of the older age cohort of Chapter 4.

Many of the misconceptions about the elderly are media generated. Elderly people on television are often presented as poor, dependent, infirm, stubborn or eccentric (Aiken 1982). These foci should not be taken as indicative of the elderly, since the small minority that is portrayed is often misrepresentative. If media created stereotypes such as these are to be believed, then most middle-aged Americans could be thought of by the Irish as either divorced cops, lawyers or drug-traffickers. Recently, however, increased amounts of elderly people have become involved in viewing television. Because they consume items advertised on television, and programs themselves, programmers are being forced to cast them in a more realistic light.

The last myth that this section deals with is the "Myth of the Golden Isles". This is a spacial rather than temporal version of the "Myth of the Golden Age". It states that the lot of the elderly is better somewhere else.

Harlan (1968) points out that there are societies which have special marks of privilege for the aged, among these, attributed wisdom, titles of respect and heightened political power. For example, Jivaro Andean Indians respect the elderly, believing that they have greatly enhanced control over the supernatural . Japan, though highly industrialised accords very high status to the elderly. However, the important point is that cultural interpretation of the position of the elderly is the only way to properly describe their place in a given society. Out of cultural context, no treatment of the elderly can provide meaningful insight, because the observer will be lacking a frame of reference. It is possible to extend this theory to state that, by the way a society behaves towards it's elderly, it's principles and aims can be exposed.

In discussion on the "Golden Isles" myth, Miller and Olson (1985) note that it is highly unusual to find the status of the elderly existing due to merely "being old" or accruing years. Rather, they cite seven sources of the power of the elderly:

1. When power is found, it is due to control of resources. From what we know Irish lineage (See Chapter 5), this is certainly the case. Furthermore respect for the elderly is compelled by control of resources (including knowledge), Hendricks and Hendricks (1979a).

2. Control of power is not controlled by age-set, but is differentially exercised.

3. In some societies the elderly are accorded higher status due to the fact that their longevity proves their vitality and toughness.

4. At the individual level, ability to function is necessary. Nowhere is decreptitude valued. (Needless to say, this does not necessarily link decreptitude to old age).

5. The only generic roles that have been assigned to the elderly are those of kitchen helper and baby-sitter, and though these activities are valued, nowhere are they accorded very high status.

6. Cultural values vary, and these make a difference in people's acceptance of the elderly.(This point is accepted by this thesis as being the most important of the seven listed).

7. Usually, charity begins in the home. However, it often ends here as well and in many societies no family means no help. (This is not necessarily the case in Irish society).

As stated in Schaie and Willis (1991) one of the grand purposes of science is to dispel misconceptions surrounding the phenomenon under study. It is lack of information about the stereotyped groups that helps to maintain the myths surrounding them. Thus, as has been seen in Sections 3.2 and 3.4, educating people as to the innaccuracy of cultural conceptions is of paramount importance. Furthermore, in addition to the effect of such myths upon the elderly themselves, the myths are a valuable study in their own right. Becuase of thier social and cultural construction they tell us things about their society of origin that help us to understand the cultural formulations of that society.

Chapter 4. Fieldwork.

4.1 Introduction.

This chapter is devoted to reporting the findings of the fieldwork which was carried out in The Royal British Legion Club, Dublin Central Branch from March 1994 to March 1995.

Firstly, background information is provided to describe the club. Next, 'club culture' is described, and is found mainly to revolve around memorabilia and stories of Dublin and the Army. Knowledge of these two topics and ownership of articles connected to them was found to increase individuals status.

Amongst club members, two distinct cohort groups were found. The first of these is made up of individuals who are over approximately seventy years old, most of whom were in service during the Second World War. The second of these is made up of those, who for economic reasons joined the British Army in the late 1950's and early 1960's. These range from about 48 to 58 years of age.

A detailed examination of these two cohorts is provided, and the conclusion is reached that a Role Theory of Aging (See Section 6.6) is found to be that which is most applicable to the clubs elderly members.

4.2 Background.

The Royal British Legion Club is an organization which was set up to provide for ex-British Army servicemen and their families, widows and dependants. In the United Kingdom, this has called for the setting up of retirement homes. The Club also organizes visiting to household members, and to members in hospitals. Mendicity is provided, where possible, in the form of small pension handouts, and the provision of free goods, such as blankets or fuel in the winter time. Service of a club premises is also made available. This club provides cheap entertainment, cheap alcohol and fraternity. It is with a study of one such club premises that this chapter is concerned,

and so the actual functions of the club premises are withheld for discussion later in this chapter.

The Royal British Legion has two main branches in Dublin, namely Dublin Central and Dun Laoighre. This study is concerned with the former branch, which provides the services listed above for its' members (with the exception of the setting up of retirement homes; although from time to time club committee members do become involved in finding a place to stay for lay-members).

For the purpose of this thesis, the Legion Club proved to be a very valuable fieldwork site. This comes about, firstly, because the club is not necessarily an 'old folks' home. Its' membership ranges from those over twenty-five to the 'old old', i.e. those who exceed 80-85 years of age. Generally, club members are male, although the majority of these are married. It was found that family are of great importance to club members, and so, in attendance at club functions (especially formal functions) spouses and even children and siblings are often seen. Even still however, there is a sexual imbalance in favour of males among club members, although not to a level which decreased the validity of the study.

The study was carried out over a period of one year, from March '94 to March 1995. During that time, I went to the club once or twice a week, usually on Wednesday night when most of the committee were present, and usually on a weekend night such as Friday or Saturday, when special activities were planned. I also often attended on Sunday mornings. In Dublin, Sunday mornings are often spent by the late middle aged and elderly in a drinking establishment. It's seen as a time 'for a quiet pint'. Many of the club members who drank with family were to be seen at this time in the upstairs bar where most would stay until about three o'clock, when the bar would shut and people would return home for dinner. Sunday morning provided an excellent chance to observe members interacting with their families.

The main methods of inquiry that I used were participant observation and informal interview. I gained access to the Club through a number of relatives and family friends. Through them, I had been to the Club before my actual fieldwork period. Because of this, many knew that I was an Anthropology student before I even began my fieldwork. I found that I had no trouble at all settling in, and those who

were told of my research were very supportive, expressing that they thought my research was a good idea. I had no shortage of willing informants. In fact, on larger social nights I often had the problem of members seeking someone to latch on to choosing me, because they knew that they'd find a willing audience in me. In all, I spent quite a few nights cornered by someone too drunk to speak properly telling me about themselves.

Many had the opinion that all college subjects were the same. I was often asked:

'Peter...now you're in college, studying...'

(at this point I would have to re-supply the word 'anthropology' and a brief description of the discipline).

'Well now, can you tell me this...'

The question that followed was rarely, if ever, anthropological. It could range from anything to plant biology or economics to politics (an area in which my knowledge is sadly quite deficient). Other times, someone would say, 'Now you're studying people,' and go on to ask questions of a psychological nature. However, this opening line often meant that I was about to have an anecdote shared with me and so it came to be one of my favourite. To conclude, it suffices to say that my entry to the field was free of difficulty, and I found no shortage of willing informants.

4.3 The Club.

The Club building is a drab-looking three-storey affair situated facing the river Liffey in an area of flats (apartments) and quays. The frontage may be discrete because some members fear trouble from Southern Irish political activists who oppose the British Army. Indeed, there is no outward sign as to the use the building is put to. Many members are given a key, although entry is usually gained by chiming a clandestinely syncopated pattern on the doorbell.

Inside is a very small entry hall, with a thin stairs painted yellow leading upwards. To the left is the downstairs lounge. This is very often closed, as it is used

mostly at night-time when a special event is planned or the upstairs bar is full. The downstairs lounge is the seat of any special entertainment that is planned. On busy nights it will host a musician with an electronic keyboard. The members themselves sing, with the keyboardist providing an accompaniment. When things get going on busier nights, each individual gets to sing one or two songs and invite the next performer up to sing. Very seldom will someone actually refuse outright to get up and sing. Often people refuse at first, and good-naturedly take to the floor amidst cheers and shouts of 'Ah....go on!'. On a good night, almost all of the more extrovert members will have been given a chance to sing. Songs are split into three categories:

1) Songs of old Dublin.

2) Army Songs.

3) Popular Songs.

Each type of song is received with an equal amount of cheering as is each singer, regardless of talent or quality. Often, a person would get up to sing, and someone sitting beside me would turn to me, clapping loudly and whisper 'wait 'til you hear her, she's fucking dreadful'. The person would then proceed to clap just as loudly as everyone else in support of the singers. Singers would finish amidst much gaiety and shouted jokes, returning to their seats aglow to ask, 'How was I?'. Later in the night the better singers would be persuaded to take the microphone, and couples would begin to dance in the standing area as a lively beat was struck up. Men were usually seen to be sporting their best suits, and women alike were dressed up, lending a semi-formal air to the proceedings. Usually someone would bring sandwiches with them and these would be passed around. A different person would supply these each night, and only really couples were involved in the exchanges. Extra sandwiches were sent to be placed on the upstairs bar. These sandwiches were presented in an informal way and lent a lot to the groups cohesion and a sense of community.

The downstairs bar was also used to receive groups of visitors. An example of this would be an annual get together of a specific minority regiment. During these get-togethers members of the visiting party usually kept to themselves. Very often a special lunch was laid on for them and they stayed by themselves in the lounge. Up

until quite recently, the lounge was quite dilapidated, but a decorative facelift has given it a new lease of life,

The Club has about two hundred members. Approximately 80% of these attend regularly, and these take part in the weekly prize draws. 80% of these members are above the age of 65. A high percentage of these members drink in the upstairs bar. The upstairs bar is usually frequented by single males over the age of 65, males who prefer to drink in a quieter atmosphere, and males whose connection with the club is based solely on their service record. Others may have served together, or been part of the same birth cohort and so they know enough people to socialize downstairs when they choose.

The upstairs bar is quite small, seating only about forty-four people, as opposed to downstairs which seats about seventy-five people. The upstairs area contains posters advertizing events, winners of draws, a list of committee members and a chart containing the names of all those involved in the Yearly Raffle. The whole bar is decked with army memorabilia, from pictures of vehicles and soldiers to arrays of medals and regimental insignias. Even behind the bar counter are various artefacts that individual members have donated over the years.

This bar is much quieter than the downstairs area. The television is usually on and conversations are usually of a deeper nature. Popular topics of discussion are the army, old Dublin, health and children. The bar is usually about four-fifths full of men, although if a members family is there, they usually sit upstairs. I found the upstairs bar to contain a much more sentimental quality. Many more regimental ties and pins or broaches can be counted here. When a group is listening to someone talk about 'the old days', that person is treated as an expert in the field. People in the group will adopt the mannerisms of the speaker. This was very strongly evidenced by what people drank. For example, if an elderly gentleman was speaking of 1920's Dublin, the group would drink Guinness and whiskey with water. If some of the group were talking about their time in the navy, the listeners would tend to drink dark rum. This served to provide a very relaxed atmosphere. This was both encouraging to the speaker and solidarity affirming to that particular small group.

Among club members there are two main cohort groups. The first of these, and the one upon which this study is directly concerned is that which stems from the 1920s. Individuals of this cohort mostly left Ireland between 1920 and 1935, due to economic depression. Most of them were forced to emmigrate due to poverty and unemployment. Many, upon reaching England found themselves tradeless, and were thus impelled to join the army. The army was looked upon as a noble profession and a solid career choice, as well as a last resort for the penniless. During my fieldwork at the club at least a dozen individuals of this cohort tried to convince me to join the army, some even going as far as to bring me in literature on the subject. Quite a lot of this cohort had sons of their own in the army.

The second cohort was born between roughly 1937 and 1947. As with the older cohort many of them knew each other from an early age, the majority of them being from Dublin's city centre. This cohort also left the country due to lack of economic opportunity. Most of them finished their schooling with a Department of Education 'Primary Certificate', awarded at an average age of 11. More often than not, a couple of years of flitting from job to job ensued before they made the move to England. The majority of this group had returned to Ireland before the late 1970s.

The two cohort groups have quite a lot in common. However, the second groups' military experience rarely included actual combat engagement. Also, any engagement entered into by the second cohort was historically low-profile in relation to the experiences of the first cohort. Most of the older cohort were directly involved in military action related to the Second World War, at a time when many of the second cohort were not yet born. This inter-cohort difference has ramifications as to how the older cohort is treated, as will be made obvious below.

As mentioned earlier, the most popular topics of conversation are the army, historical Dublin, health and children . The first two topics of conversation listed far outweigh the others. Speakers are treated as authorities on the subjects upon which they hold forth. Also, there are certain individuals who are treated as experts in specific fields, such as the navy, the airforce or the Middle East. Any query that I voiced about such subjects would invariably result in the 'expert' being called upon to

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provide a comprehensive answer for me. Very few of the club members were well educated in terms of formal schooling. In fact, I only met one other individual with a degree, and he was accorded special respect for this reason. Many of the club members were 'well read'. Since the primary activity of the upstairs bar was conversation, most chances at garnering prestige were linked to this, and individuals were respected for the amount of subjects that they could hold forth on, and the depth to which they could speak on a given issue.

The interesting point is that the younger age group has two deficiencies at the conversational level. The first is that they lack the levels of combative action of the older cohort. In any discourse on military action, the older cohort can step in with first-hand accounts of World War Two, and so they effectively gain the most prestige from the conversation. The second deficiency that the younger group suffers from is that their knowledge of historical Dublin is not as great as that of the older cohort. The latter experienced in maturity a fuller, deeper perception of Dublin than the younger cohort. Their memories also have a greater time-span, and so with this topic of conversation they also have the final say. It was this phenomenon that originally suggested the idea of 'Role Theory' to me (See Section 6.6). Due to the assessment criteria that prevail in the club's culture, the elderly are seen in a flattering light. Many elderly were accorded unusually high levels of respect within the club. However, I witnessed people who were not socialized to the club calling these elderly derogatory names. The walk to and from the club was quite a treacherous one, and several club members had been mugged on their way to or from the club. This proved to me that whilst inside the club, these individuals enjoyed respect and prestige, whereas outside on the street they were seen as 'normal elderly'(I use this term advisedly), and thus as targets for muggers. Seen as stereotypical old people, they were mugged, and as the victims of mugging, they also became stereotypical old people. Another example of this phenomenon relates to the falls that occur on the club premises. The stairs between the two bars are quite narrow and difficult to negotiate. Five times during my fieldwork period, elderly people fell down these stairs, although more often than not due to inebriation rather than other reasons. This seemed to crack the veneer of club culture, which usually supported notions of sympathy and communitas. It reminded individuals of the larger cultural conception

of the elderly. A certain amount of distancing occured, followed by a great deal of laughter. This laughter seemed to hold an almost nervous quality. On three out of five of the incidences, the victims were taken away by ambulances, suffering from broken bones or head injuries. Meanwhile, back in the club, the other club members were still laughing and telling deliberately irreverent jokes.

Several times now I have used the tern 'club culture'. By club culture, I refer to the particular institutions that are peculiar to the club. For example, club members will openly toast the Queen of England, an activity which is negatively sanctioned in popular culture. A further aspect of club culture is the collecting of memorabilia. Artefacts collected are of two types. The first type relates to the army, as is evidenced by the decoration of the upstairs bar. The second class of artefact relates to relics of late 19th and early 20th century Dublin. Among army relics are: medals, uniforms, bayonets, belts, flags, pictures and other regimental curiosities and books. These books range from regimental history to general army manuals. For those well-read club members, this type of literature would be the primary source of information.

The Royal British Legion publishes a monthly journal entitled 'Legion' which is distributed to members free of charge. For the following study, one issue was chosen at random from a large pile. From reading the magazine, and from my informants' assurances, I was aware that the advertizements in the magazine strongly reflected the interests of club members. The issues that I chose were fairly recent, dated May/June and November/December 1995. The results of my study of advertizements is reproduced below in Table 4.1.

Table 4.1: Advertizing in 'Legion' Magazine.

Subject of Advert	Number of Adverts
1. Memorabilia	26
i) Old Days	4
ii) World War Two	16
iii) Army (General)	6
2. Healthcare	22
i) General	8
ii) Elderly Healthcare	16
3. 'Golden Years'	13
i) Pensions	7
ii) Holidays	6
4. Clothing (Civilian)	8
5. Other	2
TOTAL	61

This table serves to illustrate the general interests of the club members, especially with historical and military memorabilia. At least 75% of male club members collected memorabilia. Items were used to decorate people's homes, but were also brought in to be shown off and swapped in the club. As with knowledge, items could be used to garner prestige. This was based on an item's authenticity, rarity and age. The older cohort tended to have more 'valuable' artefacts, since they owned older items and items which dated from World War Two.

Club members talked quite frequently about their health. Many of the elder cohort suffered from minor chronic ailments. They were generally of the opinion that these ailments could or should be alleviated by their doctors. I found very little evidence of anyone trying to eat healthily or exercise regularly. Most of my informants believed that due to their advanced years, this sort of thing was behind them. If something was wrong with them, the doctor was the one who would look after them. Virtually all of those that I came into contact with drank quite heavily, and a large portion of them smoked.

They often discussed the types of pharmaceutical that they were using, and often gave samples of them to others to try out, without passing on packaging or written directions. Generally, they had a good knowledge of medicines. For example, most of them would be able to list and discuss the major tablets prescribed by doctors for digestive problems. They gave a sympathetic ear to each others' problems and as a community, they were quite supportive of each others accounts that related to illness.

During the period of my fieldwork four club members were admitted to hospital. One of these was admitted due to problems of the colon. Another was hospitalized to have a lump removed from his leg, and to undergo testing to ensure the lumps' benignity. A third individual was admitted to hospital upon experiencing the effects of a vascular complaint. The fourth individual was hospitalized due to a blow on the head received from an attacker. This omits those who were in hospital due to accidents on the stairs as above. As mentioned earlier, the club building was situated in a rough area. Over the period of my fieldwork, three club members were mugged when leaving the premises late at night. Usually, the younger members will organize lifts or taxis for the older members. However, if an individual stays later than usual, they obviously are left to make their own arrangements for getting home. Many of the elder, single members do so, because they live near the club and like to walk home. This allows them to enjoy a walk, and maintain their independence. Being from Dublin, they steadfastly refuse to change their lifestyle in order to take muggers into account. They take pride in the fact that they believe that they won't be mugged because they know Dublin City. They refuse to be cowed by young criminals and are confident of their ability to defend themselves. One informant illustrated the

typical outlook in his statement 'They won't mug me too easily'. Of those that were mugged, the belief endures that they were only beaten because their opponents fought unfairly. One informant complained 'The little bastard hit me with a bar'. Another claimed 'The cowardly fucks...they snuck up behind me'. Once members had determined that they were going to walk home, they did so by their preferred route, and on no occasion did I see personal safety influence that route. They walked home the way they wanted. This reflects to a degree a point made in Section 3.3; that the elderly are not unduly occupied with crime. In fact, by sticking to their preferred routes, the elderly of the club were showing the importance that they accorded to independence and autonomy (in accord with Butler and Lewis 1977). A preoccupation with crime, mugging and burglary can lead one to curtail ones' actions. That the elderly sample walked home alone, late at night, and through dangerous areas shows the value that they placed on 'doing their own thing'. I believe this aspect to be of more importance than respective ideas about crime, because of this.

Already it can be seen that the Legion club provides a high level of solidarity and community for it's members. This comes about also through club night activities. As was described above, these have a semi-formal atmosphere. At this level, club activities can be described as planned leisure. Conversation, singing and dancing, and the sharing of food, anecdotes, advice and leisure lead to a powerful feeling of community. This feeling is accentuated at times by fully formal activity, such as annual dinners or club outings. This feeling of a supporting social network is also strongly in evidence when a member is hospitalized. Apart from close family members, club members rate as the group which most frequently visits those hospitalized. Amongst club members this visiting is taken quite seriously. Thus an individual in hospital usually has no shortage of visitors. To that individual a great deal of support is lent. It appears that the whole club is behind the victim, eagerly awaiting their recovery. Much of the rationale for such supportive action comes from one notion that was reported to me quite frequently. Club members, sharing so much in terms of cohort find it easy to empathize with each other. Thus when someone falls ill, or indeed needs any other type of aid, the others help, knowing that it could quite easily be them in that position.

In one very emotional episode an elderly gentleman had been quite ill and was hosppitalized. For two weeks the visits continued. It soon became obvious that the gentleman was going to die. The man had two elderly siblings and a son close to retirement age. Due to cohort similarities, the elder siblings knew many of the club members. The son lived abroad, and only returned home just before his father died. During that time he, and his elderly relatives visited the gentleman along with club members. After each visit they would return to the club and spend time drinking and talking. For the siblings the club proved invaluable, because it provided concrete support for them at a time of great need. Their activities for the duration of the affair were entirely centered around the club. As was usually the case at the three or four funerals that I had heard about, club members by far outweighed any other group in attendance. From these examples it can be seen that the club provided very strong networks to support members and their families during times of illness or stress.

One 94 year old man died just before I began my fieldwork. He was a regular user of the club. When asked about his prodigious age he had reportedly always replied 'I'll go when I'm ready, and I'll be sitting in this stool when I do'. (There was one stool near the bar that he always used). He did actually die there as he had said he would. Those that reported this story to me believed that it illustrated 'the proper way to die'. The man had known that he was going to die soon and had been fully reconciled with the fact. He had continued to keep up his most valued activities until the event and had eventually died in the manner which he had chosen. The club members that had reported this story to me were proud of it for two reasons; firstly because they had been around the man until his death, and secondly because they had made a difference in his later years. They also saw him as a 'good old boy', and were proud that their group could produce such individuals. The man's stool was removed from the bar as a mark of respect, so that no one else could sit in his place. This was, for the club members a characteristically sentimental gesture.

The level of social interaction at the club has another bonus. If a member is in regular attendance and falls ill, his/her absence will be noted immediately. In this case club activities can provide security for those who would otherwise be alone. In one instance that I witnessed an elderly man was known to be quite ill at home. Because

of this club members called in to him quite regularly to check on him. In the end it was club members who discovered and reported the fact that he had died. One member of the older cohort had been living in Australia since World War Two. He had returned to Ireland on a holiday which had included visiting his daughter in Scotland. During the short time that the man was in Ireland, his wife in Australia died. Straight away the man decided to remain in Ireland , and the club arranged accommodation for him. Many of the club members told me that he had come to Ireland to die. He told me himself that he was staying because he had nothing to go back for, whereas in Ireland he had the club.

Earlier on club attendance at funerals was noted. In all quite a few of the clubs' activities were taken up with mourning. Many of the days in the club calendar are anniversaries, for example, of D-Day, V.E. Day and other such events. Both cohorts are present at any celebration, although the upstairs bar group is most numerous. Masses are held, sites are visited, speeches are made and plaques are unveiled. This is also a time when ceremonial wreaths are laid. Many of these dates are also noted on the national calendar. Cathedral masses are held and the President and other prominent statespeople are to be seen in attendance. The Legion contingent is always quite visible amongst the crowd, and is usually given better seats. In certain respects this represents a meeting of two of the clubs functions or sentiments, those of remembrance and mourning. It may be argued that the proceedings described above have greater relevance for club members than for others. Because of their involvement in the army and their special interest in things military, they take such events very seriously. During my research period I was lucky enough to witness this 'cult of memory' first hand, since during that time was the fiftieth anniversary of the end of the Second World War. Many of the national newspapers carried articles on the events that led to the end of the war. Many of these articles featured interviews with members of the club. In photographs, they were seen to be dressed in blazers adorned with medals, wearing regimental ties and berets. The press treated the club members kindly and warmly, and they were featured in a great deal of articles. To club members, this sudden upsurge of public interest did not seem unusual. None of them seemed to be unduly affected by their magazine appearances; in fact all of the attention did not even merit being a conversation point.

I found this episode interesting because it provided further evidence of the validity of Role Theory (See Section 6.6). The elderly of the club were being accorded higher status and social prominence for the brief period surrounding the anniversary. This stemmed from the fact that publicly, connection with a role and stereotype that differed from the norm was being portrayed, allowing the general public to view the elderly of the club in a different frame of reference than that which is generally culturally postulated. Thus they were seen as 'veterans' rather than stereotypical old people. Because of this the public could use a different conceptual vantage point from which they could view the actors. This vantage point was one which presented a more valid picture of the clubs' elderly, because it allowed the public to witness them enacting roles that applied to them and that they found valuable.

What I found unusual was how little the extra attention from the public affected the club members. The President; Mary Robinson, Albert Reynolds, the British Ambassador and the nation's press were displaying an interest in the club's older cohort, and yet the members were taking this attention 'with a pinch of salt'. It is difficult to provide a reason for the coolness of the club members towards the extra attention, except perhaps to suggest that the club members saw the attention as their due, and therefore nothing noteworthy.

4.4 Discussion

In this section I will provide a brief summary of my fieldwork findings. I will also discuss more fully how they tie in with the rest of the body of knowledge that is presented in this thesis.

As has been discussed by the postulation of age cohort theory (See Sections 1.7 and 4.3), the position of the elderly in the club owes more to their cohort placement than to other measures of age. Thus, they are defined by demographic fact, socio-political events and historical consciousness. This provides the most relevant 'answer' to what age club members are, in a framework that can be readily

understood by the club members themselves. Thus, younger club members are not forced to assess older members by the more widely-used popular cultural criteria, and can obtain a much clearer, more valid picture of who the elderly members actually are. Even though age homophyly is evident in the club it does not exist to such a degree that it prohibits interaction between the different age groups. I believe that this results from the sub-cultural model of age assessment, by which age is judged by club criteria, and the heightened level of validity that results from this. I feel that this observation ties in very well with the postulations of social and cultural age that are presented at the end of the first chapter of this thesis.

Demographically, and within cohort groups, club members have a lot in common, as discussed in Section 4.3. However, a great deal of diversity can be found between club members. Some (roughly 25%) are quite poor, whilst an estimated 15% have to struggle to make ends meet. 45% are 'comfortable' financially, and the remainder, (about 15-20%) range from middle class upwards. An equal diversity of post-army employment histories exist. Security work and taxi driving are probably the two most popular occupations. Many of my informants had worked for themselves, and quite a few had run successful businesses. Almost all of the senior category had retired. As mentioned many of the study had chronic illnesses, although most were minor in nature. Overall the sample was quite diverse, supporting the idea that the elderly are not a homogeneous group. Differences in circumstances and personal interpretation of such existed to a high degree. Attitudes of club members also differed greatly from one individual to another. Overall, however, club members were happy to be finished their parental and working lives. They felt that they had done their 'bit' and were content to enjoy the rest of their lives (although to do this they didn't feel that they had to sit back or withdraw to any degree). They sought to maintain autonomy, independence and dignity at all times (in line with Butler and Lewis 1977, and as shown by their attitudes to walking home at night (See Section 4.3)).

Of all of the myths put forward about the elderly in Section 3.5, not one was seen from my observations in the club to have any basis in fact. A certain 'cult of sentimentality' did exist. However, this did not postulate the belief that things were

better in the old days. In fact, the reverse was true. Furthermore, this sentimental aspect lent more to shared personal histories than to individual life reviews (See Butler 1968b). For any post-adolescent age group, the past is always a popular topic of conversation. Disengagement was not in evidence in the club. Also the members did not give particular attention to remaining active. When club members were active (for example as committee members or organizers), they did however achieve increased prestige.

Evidence was found to support the theory of 'Role Distance' (as described in Section 3.3). Once, I was watching a television programme in the upstairs bar called 'One Foot in the Grave'. It featured an elderly man whose car had broken down calling to an isolated country house for assistance. The house to which he called turned out to be an old folk's home. The inmates were portrayed as being senile and were confined to their rooms. I watched as the club members (most of them were the same age as the inmates) made jovial comments to each other about the proceedings. One older inmate, an obvious figure of ridicule, they referred to as 'the poor aul' boy'. The club members refused on any level to identify with the inmates, and equally with the sixty-something protagonist. They did not classify themselves as elderly (Neugarten 1968), although they would classify others even younger than themselves as 'old'. This perhaps results from the fact that they don't see cultural descriptions of 'old' as being applicable to themselves (usually because the cultural descriptions don't actually fit them or because they are loath to think of themselves in that light), but due to the processes of stereotyping (Hayes and Harris 1993), they can apply the attributes of aging to others. However, this phenomenon did not interfere with intra-group empathy and solidarity, as described in Section 4.3.

The majority of club members enjoyed large amounts of kin and other social contact. Club members talked a lot about their families, and often brought close relatives to the club so that other club members could see and meet them (as described in Section 4.3). Members talked about their children and grandchildren with a great deal of pride and affection. No variance in this pattern was found in connection with social class.

Overall, the club study was a very worthwhile, informative and rewarding undertaking. It provided me with an environment in which to test the findings of my literature review and my own personal hypotheses, as well as suggesting further theories to me. Throughout my fieldwork period, my informants were welcoming, helpful and informative, and it is to them in part that much of the validity and colour of this thesis is owed.

Chapter 5. Social Contact of the Elderly.

5.1 Introduction.

This chapter deals with the issue of social contacts of the elderly. Firstly, a historical picture of the Western family is presented. The topic of the supposed effect of modernization and industrialization upon the family is addressed. The conclusion is reached that the 'isolated nuclear family' of postmodernist theory is of dubious validity.

Secondly, general social contact of the elderly is discussed. This involves extra-familial social contact that elderly people engage in, such as visiting friends and neighbours, and attending clubs and church meetings. Lastly, kinship systems in Ireland are discussed. The main focus is on whether or not children in Irish families are actually prepared or willing to look after their parents in old age. Contrary to popular belief, most are willing to look after elderly parents. However, the parents themselves are found to be more satisfied maintaining an 'intimate distance' with offspring.

5.2 History of the Western Family.

Studies of the history of the family presented by the literature are often reducible to arguments of terminology. Terms such as 'nuclear family', 'conjugal family' and 'extended family' are discussed to such a level that what is often meant to be a comment on the family ends up reading (and I must add that this quotation is fictitious);

' the nuclear family damaged the extended family by displacing conjugal groups in the late seventeenth century'.

Of course, it is of vital importance to maintain a scientific level of discourse, of which the terms listed above are and integral part. However, in the literature, these

terms are interchanged in such a manner as to heighten their ambiguity, with each author redefining terms as they go along. The net result has been to greatly cloud the issue, creating incongruences between the differing works on offer. Also, as mentioned many studies end up arguing over the true meaning or validity of the term 'nuclear', rather than educating the reader as to what purpose the supposed 'nuclear' family actually served, and what quality of family existence was found in the past.

There are three main sources available to the student wishing to study the history of the Western family. One can use statistics such as birth rate. Census data where available can also be used. Lastly, plastic evidence such as literature or a study of iconography such as that by Aries (1962) can be used (Laslett 1977). Plastic evidence consists of any durable items, religious artefacts or *objet d'art* which survive from the era under scrutiny.

The main thrust of historical dogmatic arguments on this subject is that there is a 'before' and an 'after' in the history of aging and the family. The main problem for researchers in this field has been discovering where and when the distinction between the before and after occurs.

Normative speculation postulates that the aged had prestige in the before. Much of this comes from the 'peasant' family model that existed as late as the 1930's in Ireland (Hannan 1979, Arensberg and Kimball 1968). The economic system relied on the control of ecological resources, such as land and farm-holdings. This engenders a types of corporate 'primogenitive' kinship (Banton 1966). The family patriarch held all the property. This was passed on to the eldest son when the eldest son married. Due to the control of the patriarch, this was relatively late in life. Thus the son would marry in his forties, and his parents would retire immediately. Thus also, the parents had guaranteed their security in old age (Laslett 1977). In contemporary families however, land and labour have been freed from the domain of the family. This has allowed individuals to increase their labour potential and marriageability.

The aged in the 'before' were seen as being integrated with the family, having valued and emotionally fulfilling roles. Each individual was entitled to and accorded

a place in the home, seniority being granted to the elders. No aging relative would be found living alone.

Once again, terminology comes into question at this juncture. The problem remains that the 'real' and 'ideal' family types (Goode 1970) have become confused. These generalizations of the before have not wholly been proven historically (Laslett 1977). Obligations of succour of the elderly have been found to be entirely absent. To find a mother or a father in residence with an offspring is quite rare.

Transition from 'before' to 'after' is characterized by a sense of loss. The elderly are seen as feeble, and as obstacles to everyday life. They have no claim on their offspring's families, who put aside their obligations with economic assistance and an occasional visit. Sociologists refer to this scenario in 'the world we have lost syndrome'.

The 'transition' that is supposed to have occurred is believed to have come about due to urbanization and industrialization. Urbanization has been singled out as the annihilator of the extended family surrounding networks of mutual assistance. The theory states that industrialization caused the build up of major urban centres, in its' call for labour. People moving to these centres were thus freed from their families hold on them. Geographic and social mobility was required in the labour market. Thus, in the space of a few years siblings would now be social classes apart due to their individual levels of achievement. The new labour market was achievement based, and thus encouraged the formation of a meritocracy.

To enable 'the family' as an institution to deal with the changes wrought by industrialization, the form of the family is thought to have changed also. The modified extended family system is supposed to have been replaced by isolated nuclear units of equal family 'strength'. These individual nuclear units are made up of a conjugal pair, or married couple, and the direct offspring of their union.

These nuclear units have reportedly abandoned the elderly, leaving parents to fend for themselves in old age. Goode (1970) reports that there are now fewer ties with distant kin also, and that levels of societal complexity increase, the forms of family become more and more simple. Aspects of life, such as education and

economic self-sufficiency are seen as becoming more and more divorced from kinship. For example, the 'traditional' family of the before is seen as being the body that assigned vocational roles upon progeny. Now, however, individuals usually have more scope to decide vocation for themselves.

The notion of any such transition from 'before' to 'after' is highly doubtful. For example, family types have been found from 1600 that match with types today. That means that at least 400 years of intricate change in family systems preceded modernization and industrialization . Goode (1970) calls attention to the fact that it has yet to be demonstrated scientifically that economic and industrial changes have altered the family system.

Laslett (1977) states quite blankly that the isolated nuclear family is a myth, and that ideas of loss of family form and function are both unclear and incorrect. Goode (1970) is in agreement with this and states that the extended family does still exist and can function perfectly normally in modern urban environments. Furthermore, it has been proved that industrialization and urbanization can occur without the nuclear family.

The issue, on certain levels, becomes one of terminology. Fortes (1968) reminds us that even the term 'family' is too ambiguous to be used cross-culturally, whereas 'domestic group' is. For another example, the term 'nuclear family' itself denies the elderly, as it is only relevant when speaking of a conjugal pair and their direct offspring. The focus on the 'nuclear' unit has resulted in ties between the extended family being overlooked.

On the whole, the family, as an institution made up of social roles, practices and customs is simply too enduring to be annihilated in the manner discussed above. As an institution, the family is extremely flexible. Even if, for the sake of adaptability, it is forced to alter it's structures these changes are not fully absorbed. If the family does change to 'Y' structure, 'X' and 'Z' structures are not wiped out. They are simply not highlighted at the present time.

Also, because of the wide-web of deferred payment reciprocal relations covered by a family, it simply cannot afford to be as restrictive as the industrialization model would imply. If unit 'A' refuses family unit 'B' then 'C', 'E', 'G' and 'I' are also estranged. This has been found to occur only when actual direct political pressure forces it to happen. An example of this would be the Maoist Chinese Communities of the 20th century.

Hannan (1979) tells us that bonds of blood are undeniable and not subservient to other institutions. Thus, it is obvious that kin-relationship structure rather than family nature will change due to urbanization and industrialization. Therefore, lineage and corporate kindred have lost their potency to a degree, but the importance of primary kin will not have lessened.

So, it has been proven that the transition from 'before' to 'after' is doubtful. Its timing is uncertain and its occurrence due to urbanization and industrialization is dubious. Similarly, it has been introduced that the isolated nuclear family of the after is dubious. This issue is further discussed in Section 5.4 'Kinship'. It remains to be shown what the true picture of the 'before' was. In actuality, this picture is quite different from that of the ideal family portrayed by 'the world we have lost syndrome'.

Phillipe Aries (1962) proved from an analysis of iconography that the concept of the Western family was unclearly defined during the middle ages. The 'modern' family type originated in the 15th and 16th centuries and was conjugally based. After the age of seven or eight, this stem family simply lacked the sanctions to keep children at home. As they left, eventually only the conjugal pair would remain. Thus, when the elderly actually were taken in, it was due to dutiful children, and not sanctions.

However, as mentioned before in this section, the Irish arrangement differed to the more general Western model in several respects. Firstly, sanctions did exist pertaining to the upkeep of the elderly. For example, even in ancient Ireland Brehon laws contained several sections pertaining to the upkeep of the elderly.

Approaching the middle ages, the elderly enjoyed special 'rights' as 'gleaners', as was also the case in France (de Beauvoir '73). As such the elderly were allowed to collect candle trimmings from church, firewood from private lands and other such privileges. When these gains were redistributed throughout the community and family, the elderly gained redistributively (Goode 1970).

As mentioned earlier, the elderly also provided for themselves by controlling the distribution of land and the arrangement of marriages. By controlling dowry and inheritance they could effectively control production and reproduction. Also, before the middle ages family and community were closer knit than later, and thus if one community looked after an elder from another, they knew that their own elderly would be similarly cared for in the event of them living in another nearby community.

Legal sanctions also existed to ensure the upkeep of the elderly. In 1601, the Elizabethan Poor Law was brought into affect. This stated that the child had the duty of looking after the parent in old age. However, legally, lawyers made this arrangement purely consanguinal, and the duty never really became actual familial obligation. This law was translated into modern terms by Section 57 of the 1830 Poor Law Act. Now children were legally responsible for both parents (Palmore 1980).

However, it has only really been quite recently that the elderly have become a body that have carried real weight as a social question. Goody (1970) tells us that in England from 1750 to 1800 life expectancy at birth was 45, and only 4.6% of the population were over 65 in 1850. Thus, Laslett (1977) postulates that the elderly were simply not numerous enough to construe the interest to social policy that they do today. Furthermore, the old old (i.e. those over 80-85) were also very rarely found, If an individual did survive to such an age, their longevity was taken as indicative of superior physical toughness and stamina.

The evidence shows, then, that the elderly in pre-industrial Ireland were cared for to a certain extent. However, this care was not of a nature such as is expected from the nostalgic peasant family ideal. The care did not so much stem from warm family relations as from the elderly's' control of the means of production and reproduction.

The elderly were not abandoned by the nuclear family, because significant numbers of elderly only came about in this century, perhaps up to five-hundred years after family types changed to those evident today.

On the whole, this paper concludes that prior research on the elderly in Ireland and Western Europe has simply not reached a high enough level of accord or consensus to be of more than passing value to social scientists. No one satisfactory source of information on the subject was found. For this reason, any discourse on the history of the elderly in Ireland suffers from all of the incongruencies that exist in the literature. Further research in this field is required before a valid and enduring description of the elderly in historical Ireland can be presented.

5.3 Social Contact.

This section deals with the patterns of social contact of the Irish elderly in extra-familial spheres. This contact takes the form of communing with neighbours, visiting friends and attending church or club meetings.

Neugarten (1968a) lists the following influences which keep the elderly in touch with society at large;

1) Family.
2) Mass Media.
3) Continued Employment.
4) Anti-aging Credo.

Hendricks and Hendricks (1979a) note that to some extent, the means of survival, for example, the need for esteem, affection, self-fulfilment and belonging, may not be directly available to the individual. Others must therefore be contacted in order to help the individual achieve fulfilment of these aims.

Because many of the elderly find it hard to travel, they find the need for daily, face to face company greater. Family are often seen, but in the event of them living

too far away to visit, friends and neighbours are called on to fill the gap, (Whelan and Vaughan 1982). Such informal support networks are deemed by the elderly to be the most appropriate form of social support (Cantor 1989).

Most of the elderly approve of, although many are shy in attending clubs. Many clubs that provide solely for senior citizens are stigmatized and bypassed by the elderly. However, the findings from the 1994 Eurobarometer report suggest that Ireland has the highest European average of 'club involvement'. 30% of the sample had recently been to a club, bar or special facility for senior citizens.

Power (1980) tells us that roughly 12.5% of the elderly live alone. This did not mean that these people were lonely, however. For example, 70% of elderly bachelors said that they were happy with having things that way. Reasons for living alone were listed as:

Table 5.1 Reasons elderly people gave for living alone.

47% - due to death of a spouse.
39% - due to death of a relation.
 7% - personal choice.
 7% - other.

Source : Power 1980.

Whelan and Vaughan (1982) found that of that percentage that lived alone, 81% had spoken to a neighbour in the previous two days. Most of these believed that they could summon help if in the event of an illness or accident. However, the importance of close regular contact with neighbours was underlined by the fact that a number of these had no telephone, (Power 1980).

Furthermore, 30% of those living alone and 20% of those in multi-member households had nobody that could be relied upon to care for them in the event of an illness and would expect to have to go to hospital, (Whelan and Vaughan 1982).

Almost one-third of the Eurobarometer sample received regular help and assistance with personal care and household tasks. 4% said that they would actually pay help. 0.7% received state service, and 0.3% were cared for by organizations such as the Society of Saint Vincent de Paul. Social services visits were as follows.

Table 5.2 - Frequency of Social Service Visits.

50% - None.
25% - 1.
14% - 2.
11% - >2.

Source : Age and Attitudes - Main Results From a

Euroborometer Survey.

Commission of the European Communities 1994.

Whelan and Vaughan (1982) and Power (1980) compiled the following statistics on the social contact patterns of the elderly in Ireland:

72% attach importance to visits, 56% claiming that frequent social contact with neighbours is important,52% claimed that frequent social contact among relatives is important. 15% enjoyed visits from grand-children regularly. 31% enjoyed regular visits from children. Of those widowed, 78% enjoyed frequent visits from children. 47% of Powers' total sample visited a child's home regularly. 76.5% had regular contact with under 25's. 81% had spoken to a friend or neighbour in the previous two days. 50% had visited and 33% been visited by a neighbour every two to three days. 64% had been out the day before. 45% had an 'active' pastime, and 82% attended church regularly.

Only 15% did not go to places of gathering, and 0.7% had not talked to anybody in the previous three weeks, (Whelan and Vaughan 1982). Social integration is generally found much more than isolation (Shanas and Binstock 1976). Berghorn et al. (1978) tell us that social integration is limited by the availability of age peers of a similar social status. Indeed, the Panel on Youth of the President's Science Advisory

Committee (U.S.) advised that family and educational structures are increasing age homogeneity to such an extent that age segregation has occurred. Shanas and Binstock 1976 believe that structural barriers exist between different age groups. Now, even separate areas in American communities have become age homogeneous, and age homophyly in choice of friends is being sought.

Research on social contact of the elderly will obviously try to quantify the amount of friends an individual has. When one counts 'friends', the elderly are found to have fewer: some believe because of narrower role differentiation, and some believe because of limited numbers of suitable peers. Some believe that the difference is due to a discrepancy in terminology. For example, an elderly person might sooner call someone a "colleague" or an " acquaintance" than a "friend" or "pal". However, the literature assures us (Berghorn et al. 1978) that even though the elderly may have less friends, they enjoy friendships of a deeper, more enduring nature.

The subjective solidarity in these relationships is based on understanding, equity, trust, respect and affection. The elderly themselves value these characteristics above the dimension of help or care. Help and care are often the focus of research in Ireland and Great Britain, as studies are more social policy oriented than academically inclined. This is an instance in which a cultural gerontological perspective is important, and has something valid and original to contribute. The anthropological approach unites scientific methods and holistic theories in a manner that enables their scope to surpass that of more policy orientated approaches.

5.4 Kinship.

This Section deals with patterns of kinship contact of the elderly in Ireland. By the admission of the elderly themselves, family is one of the most important things to an elderly individual. Health was also very highly rated. Many informants stated that the times when they were happiest were usually large family gatherings. One informant told me how he would spend the National Lottery Winnings (if he was lucky enough to win):

' I'd rent the top room of a hotel and invite all my children, and their children and fuck the begrudgers... I'd rent a bus, and we could all go to England.'

Throughout an individuals' life, the family is an institution of prime importance. It provides for the conception and birth of the individual, socialization and an economic pool, amongst other things. In later life, the individual comes into contact with other institutions such as school, workplaces and the economic system. However, if any of these institutions fail the individual, the family is always there as a last resort. Indeed, kin will usually be turned to before any other agency by an individual requiring aid (Hannan 1979). General supportive behaviour from members of the kin network allows the individual to interact with other social institutions, knowing that the family is there for them as a safety net. In the event of sociopsychological threat, the family will be the primary refuge. Because of this, kinship systems are both a source and resource of life changes, and facilitate a calming of the stress that these changes bring. The family also satisfies cravings for privacy and identity, whilst uniting a group of people by a way of life, habit and sentiment.

When we talk about characters in kinship roles, they are defined by the other characters in the relation being discussed. This means that at one time a female could be a daughter, mother, grandmother or aunt, depending upon the focus being given. When we talk about the elderly, it is usually as parents or grand parents. The elderly top the kinship pyramid. Their names, for example, 'grandfather' are given by their descendants. In more inclusive groups they may hold key positions (such as familial arbitrators) and sometimes they may share a name (for example, 'the folks'). Grandparents are often the focal point of family life, since in linear mappings of kinship the largest amount of individuals will be directly related to them.

Since it is empirically clear that the elderly are involved with the family (Butler and Lewis 1977), then one wonders why so many people can believe the elderly to be isolated, (Section 3.5). However, the elderly have been found to be in contact with kin. Studies of Ireland have produced 'close ties' evidence, and a willingness on the part of the young families to bear the 'burden' of looking after

older relatives. Thus an elderly person with children is seldom found to be without help and affection (Townsend 1975). Each member of Townsend's (1975) sample had an average of 13 relatives living nearby with whom they had frequent contact. Birren and Woodruff (1975) also document close ties with the elderly, by every social class. Goode (1970) informs us that more vigorous kin-networks are maintained by higher social strata. This is perhaps because less stress is attached to achieving personal fulfilment and bonds of affection are placed under less strain, (Cantor 1989). Among urban middle class, there is an almost universal desire to interact with kin, the limiting factor being distance between the units. Power (1980) tells us that visiting drops off when offspring live more than 20 miles away from kin. Because settlement tends to be more nucleated in an urban environment, kinship visitation in urban areas out-ranks other types. Also, because it may be harder to find primary relationships of satisfactory scope in urban environments, the emphasis on extended family is even greater. For example, leisure time pursuits of working class people are dominated by family get togethers and joint recreational ventures (Hannan 1979).

Let us now talk about the form that kin-contact with the elderly takes. Goode (1970) suggests that the predominant style of interaction among kin emphasizes the sentiments of kinship, i.e. ritual activity and friendly and social acts (on formal and informal levels) and downplays 'mutual aid' motifs. Parents do seek contact with children, although they do not seek aid. When they turn to the family, it is for psychological satisfaction, not help.

Many sources (see Section 3.5 and Section 5.2) believe the elderly to have been turned away by the family. In the conjugal family scenario, relatives should not interfere in each others family business. Kinship ties are weak, leading to increased independence and social isolation (Goode 1970). The ascetic Protestant Ethic supposedly broke up extended family units in order to facilitate individual exploitation of the labour market, individuals were meant to suffer with God rather than the family. As such, family relations are not seen to offer substantial intimacy or support to aging persons. However the elderly have not been abandoned. Kin relations are enduring and still offer caretaking, affection, companionship and money in modern times, the recognition of 'inter-kin' contact is often less than frank. Even though someone might not claim physical kin-contact (for example; 'I haven't seen

my sister in years') emotional contact may still be there. The social significance of kinship exists in the basis for social relationships that are provided. At different times of the life cycle, different relatives become more important, (e.g., wife, children) and others may drop from view (e.g. aunts, parents, (Jerrome 1992). However the family is knit together in a web-like manner. Threads connect the individuals. These are made up of vague attachments of loyalty, consanguinity etc.. An individuals attachment to its' mother may constitute quite a thick thread, whilst a thin thread may be all that attaches one to an uncle. Thin threads of the latter type unite potential groups. These threads possess the ability to thicken in times of stress, allowing the family to provide for the individual (Hannan 1979).

So, although it may seem that the elderly are not in touch with kin, the opposite is the case. Between 40-50% of a sample in Sussman's (1978) 'New Haven Study' saw parents daily. Approximately 70% of these got help from the parents, (usually in the form of cash). However, roughly 90% of the parents didn't seek help from the children. Aiken (1982) found that 100% of parents don't want to move in with their children. Old people are loathe to intrude on youth. They want affection and respect rather than concrete aid. They commonly contribute money and childcare to their children. However, parents won't intrude unnecessarily, preferring to allow children to 'get on with it'. For this reason, unmarried children, especially daughters are turned to most often for help. When help is received, the elderly try their best to reciprocate. For this reason they will offer food, money and childcare (when applicable) to their helpers. This comes about because to accept aid is sometimes thought of as being compromising to personal independence and integrity. The elderly feel so strongly about this that their happiness is often inversely related to propinquity to offspring. This phenomenon is termed 'intimacy at a distance'.

To conclude, it is obvious that families are still in close contact with the elderly. However, this contact is not as overtly visible as people would imagine, and so many believe that the elderly have been abandoned by the family. However, it is the elderly themselves who have perpetuated this imagined 'kin-divide', preferring to let their offspring get on with their lives, and maintaining an 'intimate distance'.

When contact is made between the elderly and kin-groups it usually comes about because familial solidarity can satisfy the need for affection and understanding.

It is not because the elderly seek concrete aid. If, in any case, the elderly <u>do</u> accept help, every effort at reciprocity will be made. This enables elderly actors to maintain their independence, autonomy and dignity.

Chapter 6. Theories of Aging.

6.1 Introduction.

This chapter deals with the major theories on aging which the literature presents. Of these, the main two are Disengagement Theory and Activity Theory. Exchange Theory is also scrutinized. Something of the Sub-culture model of Aging is found in Chapter 1, Section 6, and so it does not play a large part here. Life Cycle Theory is discussed and Continuity Theory is briefly mentioned.

Finding these theories to support individual inadequacies, this chapter lastly postulates the Role Theory of Aging.

6.2 Disengagement Theory.

This theory was put forward in 1961 by Cumming and Henry. Basically, it states that in the later stages of life the individual and society withdraw from each other. This theory has been the subject of a great number of debates, the main ideas of which I will outline below.

The first topic this section discusses is why the elderly actually disengage (or are supposed to). When the life-span is studied in its entirety, it is possible to discern certain significant shifts in needs and motivations, frustrations and problems. As a logical part of this process, aging people become separated from their associations and social functions. Identity formation neither begins nor ends with adolescence: it is a lifelong development largely unconscious to the individual and society.

In this process of identity formation, resolutions of ego crises influence the future development of personality and thus self-identity. Disengagement results because, in late adulthood, a sense of ego integrity , that is, a basic acceptance of ones life as having been inevitable, appropriate and meaningful) fights a sense of despair, fear of death, and a knowledge that one's time is short.

In this struggle of the ego versus despair, Neugarten (1968a) found four groups:

1) Those who felt they'd done their lifes' work and wanted to relax and were content to do so.

2) Those who felt their active lives were never finished and so continued to strive until the end.

3) Those, who not satisfied with their lives and accomplishments, but, lacking strength, will-power or ability to go on, find an unhappy sort of resignation.

4) Those who led thoughtless and meaningless lives and are now guilty, frustrated and resentful.

These points bring up a number of questions. How can it be said that someone led a meaningless life? Could someone not have led a full life, yet think it means nothing and thus be a member of Group 4? Similarly, could someone who had lived a 'meaningless life' not be finished, and thus strive to continue it until the very end. I find these categories to be of small use to a heightened understanding of the elderly.

Evidence suggests that anxiety and susceptibility to threat increase with time and this tends to be the motivational source for many of the personality and behavioural changes that occur at this age. Thus, it would be expected that lower self-confidence and increasingly bleak outlooks be found among the elderly.

Disengagement is not just 'withdrawal from threat', but also occurs for other reasons (See Table 6.1).

Table 6.1: 5 Factors in the Analysis of Males' Data on Disengagement.

1) Felt Psychological Disturbance.
2) Unhappiness.
3) Social Inadequacy.
4) Lack of Identity.
5) Psychological Distress.

Source: Neugarten1968a.

So, it is obvious then, that the literature credits disengagement with being a question of withdrawal from stress-causing factors in order to maintain/regain some sort of ego-based equilibrium between inner and outer events, (as described by Berghorn et al. 1978).

However, disengagement does occur for other reasons. Butler and Lewis (1977) see personal organization of past and present events as playing a large part. His research suggests that an individual would withdraw in order to compile a 'balance sheet of life'. Hence the phenomena of memoir-writing and reminiscence. The goal of this sort of activity is ascertaining how valid or meaningful ones life has been.

Havinghurst et al.(1968a) prefers to term disengagement 'increased interiority of personality'. They see ego functions and mastery of the environment turning inward. This reflects a disengagement due to 'stake'. Many elderly believe that at the stage of life they are in, that it is not worth making an effort since expected lifespan is foreshortened Neugarten 1968.

One argument states that disengagement only really occurs due to roles being ascribed rather than chosen, (Davies 1994). Even though older people's social relations do change, and indeed can lessen, replacing relations are often of a more enduring and deeper nature . Since disengagement results from a reduction in normative behaviour (Riley, Johnson and Foner 1972), there is little evidence to suggest that it would be chosen by an individual.

Disengagement has very often been tied to low social status, ill-health, poverty, disability, widowhood and retirement (especially involuntary retirement, Berghorn et al. 1978). These categories generally carry roles of an ascribes nature, roles which deBeauvoir (1973) tells us can help to bring a flood of 'age' or an increased vulnerability to the effects of age. This paper supports the view that disengagement is not a chosen strategy for coping with old age. Rather, it results from personal feelings of desolation due to 'ill-chance' or inclement fate. These restrict options for an individual, which makes it more difficult for them to acquire new roles. This is because the events that cause retirement, widowhood etc. usually   involve role losses of a serious nature.

The next topic to be addressed is the range of processes that an individual experiences due to disengagement. Disengagement is an advance preparation for death. The individual and society withdraw from each other in a manner which is mutually satisfying. Thus an individual gets to bid farewell, and society ensures that it can carry on uninterrupted after the individual has passed away. (Hence disengagement is thought of as occouring on two levels; the social and the psychological. However, those who are psychologically or emotionally withdrawn tend also to be socially withdrawn). As a part of the process of disengagement, individuals reassess themselves (See Butler and Lewis 1977).

People assess their current well-being also. Neugarten (1968a) describes five categories of psychological well-being against which an individual will reassess themselves during the 'life review':
1. Takes pleasure from everyday life.
2. Regards life as meaningful/Accepts life resolutely.
3. Feeling of having succeeded with major goals.
4. Has a positive self image.
5. Is optimistic and happy.

These attitudes can help to offset the chances of becoming disengaged, as for example can member of a social club or organization. However, even in the absence of disengagement, older people are likely to entertain thoughts on a number of subjects which have been linked with it. The first of these would be increased preoccupation with death, as postulated by 'life review' theorists such as Butler. Any unease or anxiety caused by such thinking is often offset by therapeutic actions such as the formation of a will . Hahn (1992) lists four types of will; living will, organ donation, last will and testament and intellectual will (ie. writings or messages). Thoughts of a religious nature are also entertained, reflecting consideration of life, death, the cosmos and the nature of God. However , there is no reason that there shouldn't be a continuation of life-long religious practices in old age. People may tend to ponder their religious outlook more, but no increase in religiosity has been found (Mosberg 1968).

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Overall, it is highly doubtful that an aged individual would of his/her own volition disengage from the values of a society internalised throughout the life-span, or equally from his/her personality. Research evidence finds little support for the notion that older people discontinue a mode of action that they still find appropriate and desirable, maximizing the validity and relevancy of cultural norms (Birren and Woodruff 1975).

6.3 Activity Theory

Activity theory postulates a type of aging which is based on the concept of successful aging, and states that successful aging is due to maintaining the attitudes of middle age. However, due to this adherence to concepts of successful aging, the theory is inherently quite ethnocentric.

This notion of 'successful aging' is based on the premises that it is better to be active than inactive. This is because, in the Western model activity is seen to lead to psychological equilibrium. In this model, life-satisfaction relies on zest, resolution, achievement, good humour and a positive self concept (Neugarten 1968a). In Western thinking activity is seen to be useful to the individual in the same manner that employment is seen to be important (See Section 3.5, Retirement). It provides a sense of purpose, upon which continued mental and physical capacity are contingent. The means necessary for this type of continued capacity are not always directly available to the individual or are not always part of an individuals' pool of resources. Therefore, they have to be gained from others through the activity of social interaction. For example, a person has a need for a certain amount of affection. This affection cannot satisfactorily be produced by the individual themself, any so must be gained through interaction with other individuals.

Thus, any drop in levels of social interaction observed by an outsider can usually be said to be occouring against the will of the individual concerned. Since social interaction enables individuals to access extra resources that help them to maintain independence and self-sufficiency, it is highly unlikely that individuals

would of their own volition choose to withdraw . It is also for this reason that our culture lauds activity for the elderly.

Activity theory puts forward a set of cultural premises for the regulation of the aging process. However, it is by nature highly subjective, since individual levels of activity differ. It also facilitates the postulation of stereotypes that are often ambiguous, or ill-fitting to the true nature of the elderly. Furthermore, it is not universally applicable, since it is based on Western projections of expected aging. Even in Western culture, it omits those individuals who are sickly, disabled, unenergetic or disinclined to activity. Davies (1994) argues that because of this concentration on hale oldsters with positive self images, activity theory actually denies the aging process, because it gives it a negative image and tells people to fight against it, a sentiment with which this paper agrees.

Activity is linked to many factors. Among these are: age, capacity, morale, religiosity, gender and social outlook (Berghorn et al. 1978). Positive levels of all of these indicators are supposed to be maintained for as long as possible. However, at a certain stage, activity, friends and loved ones will be relinquished due to age. The task then, for the would-be 'successful ager' is to find and utilize substitutes for the thing which have been relinquished.

This paper advocates the importance of the development of individually fitting attitudes and coping methods. Activity theory tends to overlook this very important point, in the fact that it works towards the general rather than the generic. It seeks to lump all of the elderly together under one solution, rather than allowing for individual differences in finding individual paths to individual goals as a 'successful' ager.

6.4 Exchange Theory

Exchange Theory illustrates the converging interests of several disciplines in the process of allocation of roles and resources in individual interaction.

The theory works on a Pavlov's dog-type stimulus-response idea. In social interaction one uses up or gains 'social coinage'. The more a person is rewarded in

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terms of this 'coinage' for acting in a certain manner, the more a person will try to exhibit that behaviour. Similarly, the more frequently a person is rewarded, the more they will try to exhibit that behaviour. This frequency eventually reaches a plateau or cut off point where supply must follow a levelling in the demand parabola .

Table 6.2 Supply and Demand Curves of Social Interaction.

SOCIAL
COIN

D

S

FREQUENCY
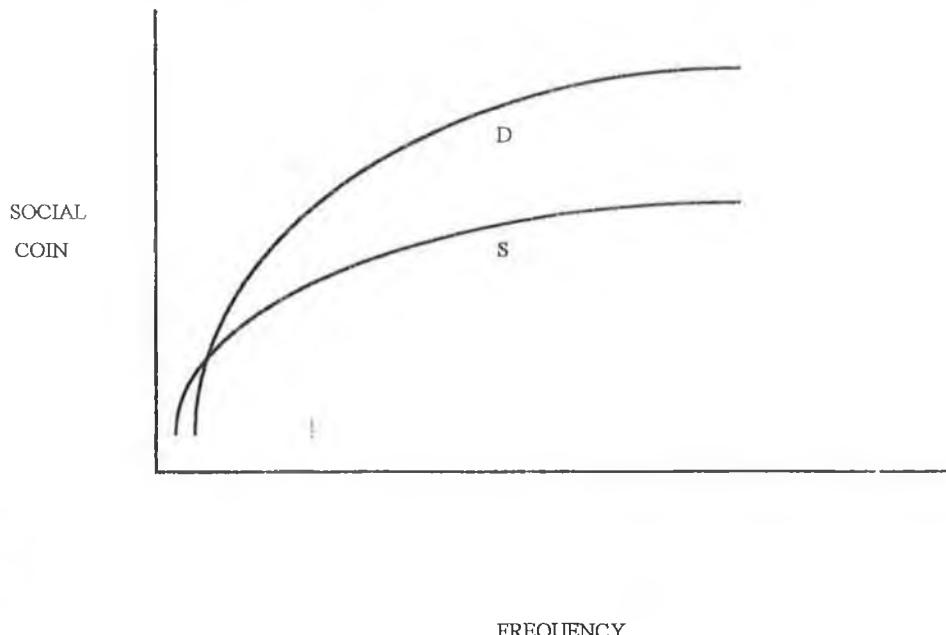
Thus, interaction is pursued only for as long as it proves profitable to the individual. The value that the participant places on the 'wages' is ascertained by normative formal/informal expectation. Thus, using exchange theory, we can observe how the elderly seek to maintain reciprocal social involvement. This is why we see elderly parents willing to lend money and aid to their children (As described in Section 5.4), since they are seeking to maintain a perhaps dwindling level of 'social coinage'.

Taking an economic point of view, it would seem that the elderly are seeking maximum 'utility' or usefulness from the arrangements into which they enter. However, anthropologists on reciprocity,(Mauss 1969) have proved that such exchanges are also initiated to create social interaction and enhance social integration. Economic exchange focuses on egotism and personal material reward. However, exchange theory assumes an 'enlightened self interest' but also psychic altruism based on a rational, conscious decision-making process which extends

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beyond purely 'economic' realms. People are also using the exchange of social coinage in order to negotiate roles. Thus, they are seeking maximum 'fit' rather than maximum 'utility'.

This theory is very neatly worked out and intelligently postulated, and it certainly does have a certain limited applicability. However, it takes for granted that someone should want to fit in and thus accrue social coinage. In this way it seems slightly naive of the other factors involved in the issue, and it assumes a level of control for the individual that is perhaps absent. I find that this results in the theory not fully addressing the issue of aging, and therefore of doubtful validity.

6.5 Life Cycle Theory

This section discusses life cycle theory. Among the North American literature on aging, this theory is given special importance. The theory is based on a Western model of the life span, beginning with birth and ending with death. It focus on the changes that an individual goes through during the course of this life span model. Examples of these changes would be adolescence, marriage, and retirement. These social/psychological processes are understood to be serially dependent and continuous throughout the life span.

Shanas and Binstock (1976) tells us that in non-literate societies, age reckoning is by natural events, for example 'the big flood', or summer. Also, it comes from categorization into age sets. These age sets are generalized actor categories or role dispositions. These are discretely divided, by rites of passage. These discrete units lump age sets and grades into separate groups that have particular traits and move through the life cycle together. In a Western sense, life cycle theory provides a time table of age-norms against which an individual can be judged. These age norms are accepted as social reality. For example, Neugarten 1968 could get a sample to specify the age that an individual should be when their first child was born.

Berghorn et al. (1978) tell us that one does not become suddenly 'old'. Elderly people are, like everybody else, in a development stage of their ongoing lives. As such, they are passing through two life cycles, the personal and the familial (Butler

and Lewis 1977). Life Cycle Theory studies how these life models are negotiated by the individual.

There are two main differences in individual experience of the life cycle. The first of these is gender based. Females tend to marry a few years younger than men. They are considered to have reached middle age sooner because of the onset of menopause (Cohen 1984). Retirement often comes earlier for the female. Lastly, females tend to live longer than men. In some Western nations, female life expectancy exceeds that of the male by as many as eight years. The result of this phenomenon is that amongst the elderly females outweigh males, by a ratio that grows even larger as the age bracket increases. There is also a socio-economic division in the life cycle. However, even though individual life cycles can display asynchronicity, the tend is towards a return to equilibrium. If events occur 'on time', they are seen as being less traumatic, because they have been anticipated. This is why early widowhood or early retirement is seen as being so stressful. Hence, even though for the professional classes events may occour later (due to extra time spent in education), a return to equilibrium is sought. For example a professional couple may experience the birth of their second child at the same time as a lower class couple, even though they married later. Un-anticipated changes are disruptive to 'normal' social relations. Mothers feel unhappy because they believe that they've married too young. Late fathers are more comfortable with the role because it has not been allowed to affect their career building.

When life cycle theory examines the elderly, the following life changes are most frequently discussed:

Table 6.3 Changes in the Life Cycle after Middle Age

1. Children begin to leave the home.

2. Grandparenthood.

3. Spouses lives alone (termed the 'empty nest' syndrome) .

4. Cessation of employment.

5. Death.

As can be seen, much of the focus in the elderly life cycle is on 'loss'. Birren and Woodruff (1975) lists a number of personal losses prompted by later life (See Table 6.4, below).

Table 6.4 Personal Losses Prompted by Change in Later Life

50-65	Children leave home.
	Preparation for retirement.
65-75	Loss of job. Death of spouse. Death of friends.
	Loss of financial security.
	Loss of body image.
75-85	Loss of sensory faculties.
	Loss of independence.
85+	Increased losses in sensory faculties and body image.

Source; Birren and Wooodruff 1975.

As can be seen from table 6.4, life cycle theory often has a very negative emphasis when used to study the elderly. Also, in a linear life model, the elderly are located nearer to death, at the 'end of the line', so to speak. Thus, the stages of dying are also dealt with by the life cycle approach. (See Table 6.5, below).

Table 6.5 Stages of Dying

1. Denial and isolation.
2. Anger and resentment.
3. Bargaining and postponement.
4. Depression and loss.
5. Acceptance.

Source: Neugarten 1968a.

Thus, even the process of aging is seen as being socially regulated. Life Cycle Theory studies the changes that supposedly occour in an individuals' life. It studies the timing and social regulation of these changes as well as the individuals' adaptation to these changes. Disengagement Theory could more or less be described as a life cycle theory since it postulates a sequence of events following on from certain life cycle changes.

As mentioned earlier in this section, Life Cycle Theory is seen by many as being the key to understanding the process of aging and its' effect upon the elderly. However, Life Cycle Theory has a number of shortcomings. The first of these is that it is based on a relatively inflexible linear model. This chronological representation of the life cycle chops up and over categorizes processes, often to the extent that a full, fluid view of the life cycle is obscured. The focus is more on transition, rather than normative stages, and this focus can sometimes obscure the diversity of the study sample. The net result of this event-oriented point of view is that the interstices between these events are only examined in so much as they are related to the events they describe. Because of this, the approach is subject to 'post hoc ergo propter hoc' fallacies. These state, for example, that if someone feels unhappy after retiring, that their unhappiness results from the fact that they have retired, (ie. after it, therefore because of it). Also, mapping the role transitions of later life is difficult, because in complex societies a multiplicity of timetables exist (Riley, Johnson and Foner 1972). Some of the age norms studied don't even relate to the nature and timing of the life cycle. Because of this many of the life cycle theorists are not in accord, and are lacking the vital element that would constitute their validity. Lastly, many of the changes that an individual experiences in later life are not due to physical and mental capabilities, but due to social opportunities (Shanas and Binstock 1976, Riley, Johnson and Foner 1972). From an anthropological point of view, macro level studies of these 'social opportunities' should be given greater importance if a life cycle model of aging is to be employed. Thus, the life course of an individual or cohort group can be referred to a cultural frame of reference, which would increase the approaches validity.

6.6 Role Theory

Having examined, in the previous sections of this chapter, the current theories on aging, it was concluded that all of the theories support some form of inadequacy. It was found that no single theory examined was fully suitable for application to the fieldwork presented in this thesis.

Due to the fieldwork carried out in the Legion club (See Chapter 4) the conclusion was reached that for the purposes of this thesis, role theory was the most applicable model with which to study the elderly. This section presents what I consider to be an original reformulation of Role Theory, and the one which was used with the Legion sample. To test whether or not the theory was applicable outside the Legion club, I used a simple test consisting of six drawings of elderly people which were used to quiz a sample of 30 students. The results favoured role theory and are included in this section.

Models of adult socialization are based on a sequence of roles: be they latent or manifest (Hoebel and Frost 1976). An individual possesses many roles simultaneously, and these bridge the gap between that individual and society (Plakans 1984). The role that a person is associated with is a function of the situation and perception of the observer. For example, a man may be described as 'Bill the fireman' or as 'Jill's father'. The man may be both, but he will be identified with one role primarily, depending on the viewpoint taken by the observer.

In the literature, the idea is prevalent that the elderly follow a decremental model of role. This is certainly the case, as can be seen as a corollary of the findings of Section 6.5.. Many see 'aging' as a process of role acquisition and role loss. Life Cycle Theory illustrates how much the elderly supposedly lose due to their advanced years. Disengagement Theory follows the same lines and Activity Theory is based on trying to maintain roles and role levels. It is generally accepted in the literature that the youth have wider role differentiation and thus more friends and valued activities. With old age role differentiation is thought of as narrowing. Aiken (1982) tells us that less roles are open to/played by elderly individuals.

However, convincing evidence exists to the effect that the elderly are not as 'roleless' as they are supposed to be. Also, if the elderly are seen as roleless, the

problem stems from the surrounding culture, rather than the individual or the process of aging. This is the first precept behind Role Theory. Thus, perceived rolelessness does not result from the aging process, but from actually being old and the conditions which are culturally imposed on that situation. A vicious circle of cultural ideology ensues. The elderly are perceived as roleless or of holding marginal roles: thus social roles in later life are limited or ambiguously defined. However, in their 1982 study, Whelan and Vaughan found no evidence of rolelessness.

The first precept of Role Theory may be surmized as follows: an individual may be identified by any one of the roles that they play. Due to the outlook of Western culture, the elderly are perceived as roleless, since more valid criterion for the assessment of the elderly is not in popular use. Thus, when the elderly are perceived wrongly, or when an individual has trouble viewing an elderly person or group, the stereotype is referred to. This was proved to be true by my experiences in the Royal British Legion. People who were not socialized to club culture could not tell who the elderly club members actually were, but instantly compared them to popular cultural stereotypes. To test this theory, I brought friends to the club with me from time to time, and they invariably described the members as fogies or 'boring old farts'. Because they were using inapplicable frames of reference, they failed to see club members as grandparents, widowers, business men or any of the things that they actually are.

To test if this theory of mis-identification and reversion to stereotype would hold true outside the club, I developed a simple picture test, which was administered to 30 students in July 1995. Six pictures were designed to show various elderly 'archetypes'. They each contained obvious stimuli that were intended to elicit certain responses from my sample. What follows is a description of the picture test. Each picture is described one at a time and respondents views are recorded and discussed after each. Appendix 'A' at the back of this thesis contains the actual pictures themselves, arranged in the order in which they are discussed. I would also like to note that in each picture I described the subject as elderly to the respondent. This is because the test was not to see whether or not the respondents identified the subjects as elderly, but rather to see how they described them, knowing that they were elderly.

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Picture 1.

This picture depicts a man sitting in a doorway with a bottle of drink beside him. The dustbin suggests that he is perhaps in an alleyway. I found it quite interesting that in Butler and Lewis (1977) the first three pictures of elderly men are of down-and-outs, and so I was very eager to test this archetype.

The subject of the picture was designed to fit in with the stereotype of the 'down-and out'. I expected my respondents to raise the following points about him: that he was homeless, poor and alcoholic, and they were unanimous in satisfying that expectation. These things are more or less depicted in the picture. However, in finishing off the description, they also added that the man was lonely and that he had no relatives. These two things could be inferred from the picture, but as 27 of my respondents answered this way, I feel that it was more likely that these two parts came from the respondents referral to their own personal picture of this old man. This is the cultural archetype that they hold for a frame of reference when the picture that confronts them simply doesn't hold enough information. However, this test proved to me that when an inadequate picture is presented, it initiates referral to a cultural stereotype. In line with the archetype provided, I had suggested that my sample would infer two other things about the subject: loneliness and lack of family. The responses proved to me that I had calculated correctly, for though these two things can be inferred from the picture, in no way are they overtly stated.
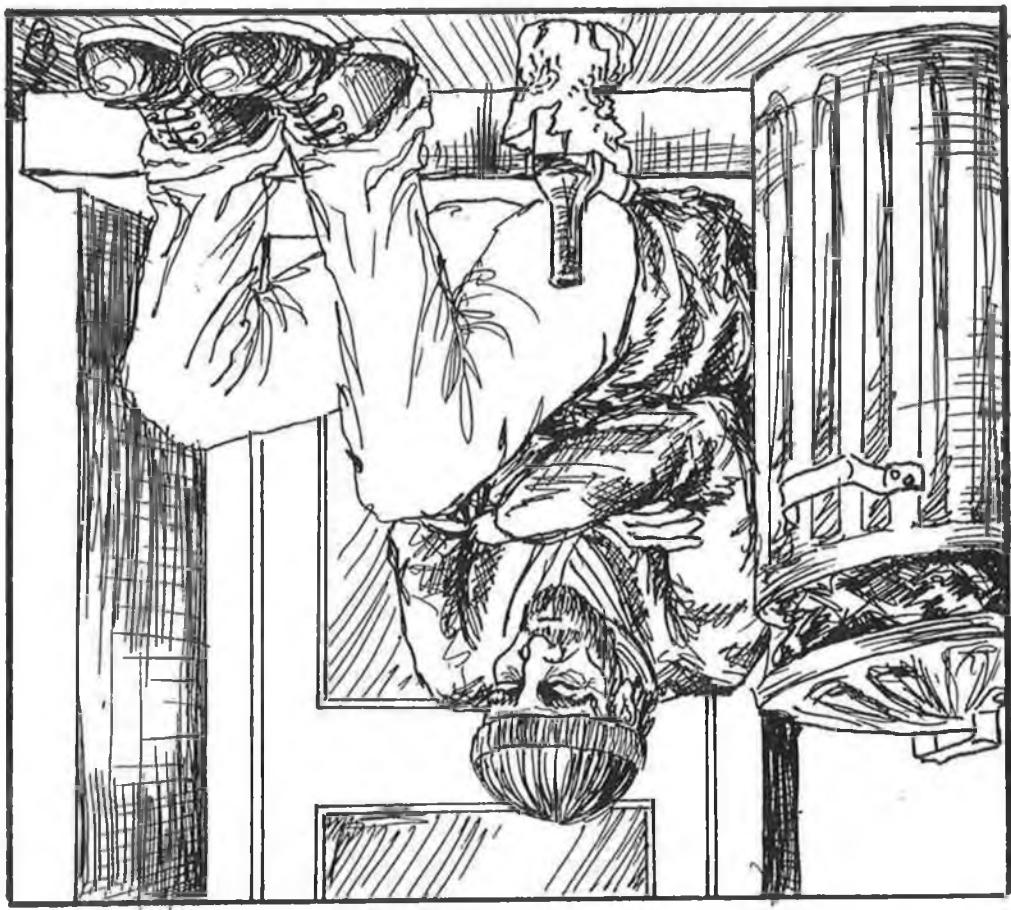
Picture 2.

This picture shows an elderly man in a suit getting out of a car with a briefcase. The object of this picture was to manipulate my respondents to identify the subject with a stereotype that was not necessarily tied to the aged. I found this picture to be quite successful in reaching this goal, since 100% of my sample, due to the visual stimuli provided, identified the subject with the role of businessman.

The subject was seen as respectable and comfortable, and on his way to or from the office. The vast majority thought that he had a family, and was on his way home to them. Many thought that the man had problems with work-related stress. This stereotype is obviously more applicable to a business person than a senior citizen. Yet, by the use of a small amount of stimuli, my sample proved how quickly they could be moved to consider a different stereotype than 'elderly' for the subject.
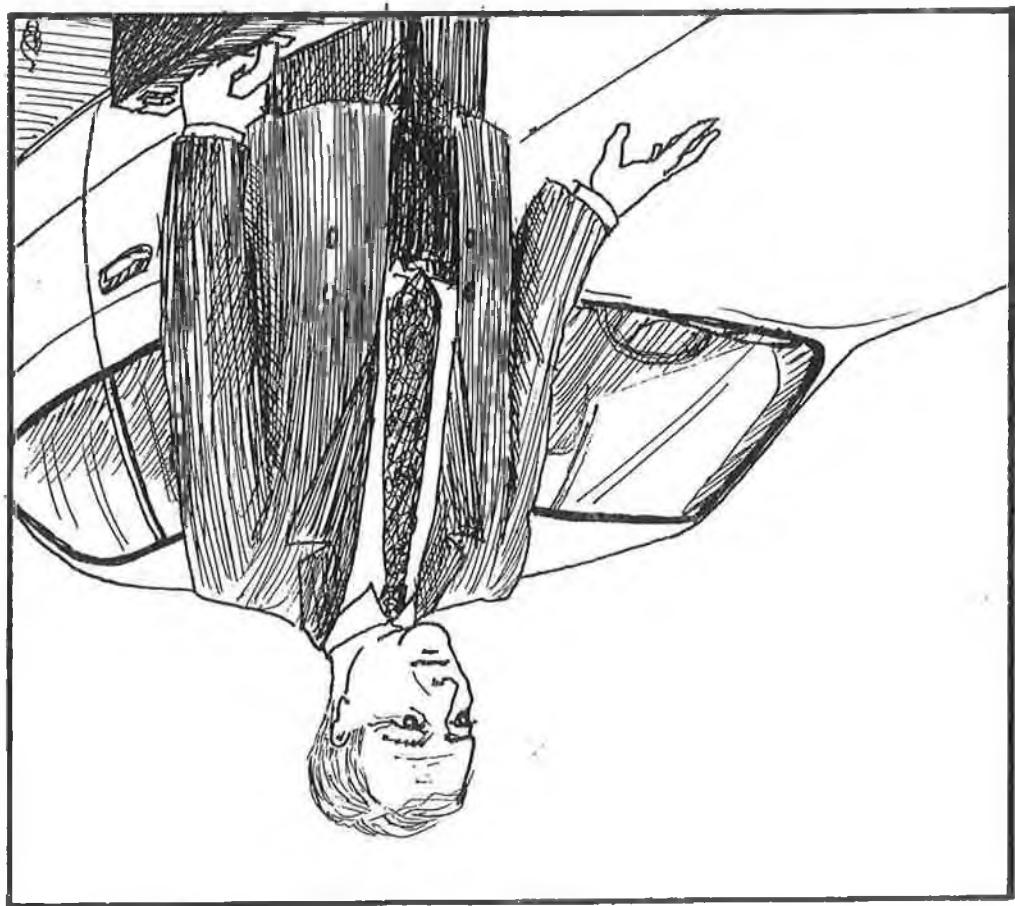
Picture 3.

This picture is based on the 'Myth of the Golden Years', as described in Section 3.5. It shows an elderly gent reading a book in a comfortable-looking sitting room. Even down to the tie and cardigan, the picture is designed to elicit the 'Golden Years' stereotype.

All of my sample believed that the gentleman was retired. As such, they saw him as comfortable, healthy and enjoying his last days with a valued leisure activity. However, they also saw this gentleman as happy and living with a spouse or relatives. These are parts that they have themselves taken from their own cultural archetype. Using the picture alone, it could just as easily be guessed that the man lived alone, and though comfortable enough, was in fact dissatisfied with his life. It is interesting to note that in the section on retirement (2.5) and Disengagement (6.2), retirement is often seen as a source of role/activity loss, and thus of unhappiness. The majority of my sample overlooked this due to their adherence to the stereotype in which they had immersed themselves. The gentleman was by 19 respondents identified as a grandparent, whereas only 2 respondents thought that the subject of the first picture might be a grandparent.
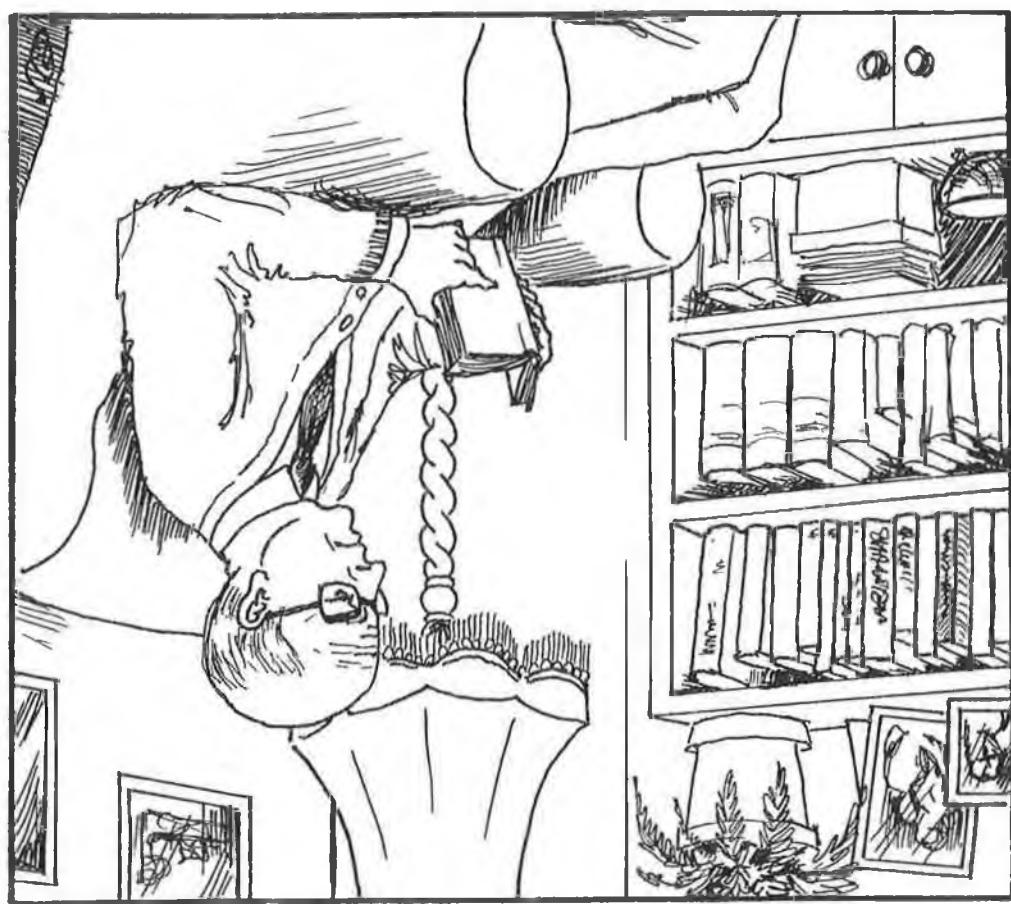
Picture 4.

The next three pictures feature females. The first of these features an elderly woman sitting in a chair in a relatively sparsely decorated room. She has her head turned towards the window and appears to watching something. The picture is meant to call up the same sort of stereotype as The Beatles' 'Eleanor Rigby'. It is the stereotype of the old woman at the window. I have always found this particular tableau fascinating, and once again was correct in my suppositions of my informants replies once they recognized the stereotype.

The sample stated that they believed the woman to be lonely, poor and miserable. One respondent thought that she might be crying. The majority believed that she had either been widowed or deserted by her children or both. These are all popular interpretations of the stereotype provided. What was interesting, however, was that slightly more than half of the sample described the woman as either 'waiting' or 'waiting to die'. I had not fully anticipated this response, although it does fit in well with the stereotype. The picture they saw, then, was of a kinless old woman, waiting to die to be reunited with friends and relatives.

Picture 5.

This picture shows an elderly woman picking a rose from a vase of flowers beside a patio door. It was left deliberately ambiguous so that it could be used as a comparison with the more overt of the pictures in the sequence.

The sample saw the lady as being comfortable, healthy, and satisfied with life. They didn't see her as being lonely, and reckoned that she received visits from her family. This is because the picture leans towards that 'Myth of the Golden Years'(See Picture 3). Because the sample was steered by the fact that the woman was comfortable, they missed out on the fact that she is another facet of the 'Eleanor Rigby' archetype of Picture 4. Though some of the sample (9) said that they thought this woman to be widowed, they did not see her as lonely, miserable, kin-wrecked or waiting to die. If Pictures 4 +5 are taken together, then, removing the comfort or perhaps social class element, then they really are very similar, but due to very slight differences in stimuli they have evoked quite different responses. I would ask the reader, with this knowledge, to re-examine the picture and imagine that it depicts a lonely widow waiting to die. It is easier to do this when the cultural stimuli included in the picture are removed from ones' mind.

Picture 6.

This is the final picture in the sequence. It depicts an elderly lady sitting in a back garden inspecting a child's drawing. This picture, like Picture 2 is meant to see it's subject identified with a role that admits to more than just 'elderly'.

The subject of the picture was instantly identified by the sample as a 'granny' or grandmother. They were also in agreement that the other two individuals in the picture were related to the old woman. 23 out of the 30 also thought that the old woman lived or at least stayed with these relatives. The majority saw the woman as happy and comfortable. To me, these traits are all constituents of the 'granny' stereotype, and the respondents adhered to them quite faithfully. None of them considered the possibility that the woman might be mourning the loss of her husband, or was tired of looking at the youngsters' pictures, or was hard put to pay the rent. That is because these last apply to the 'old woman' rather than the 'grandmother' stereotype.
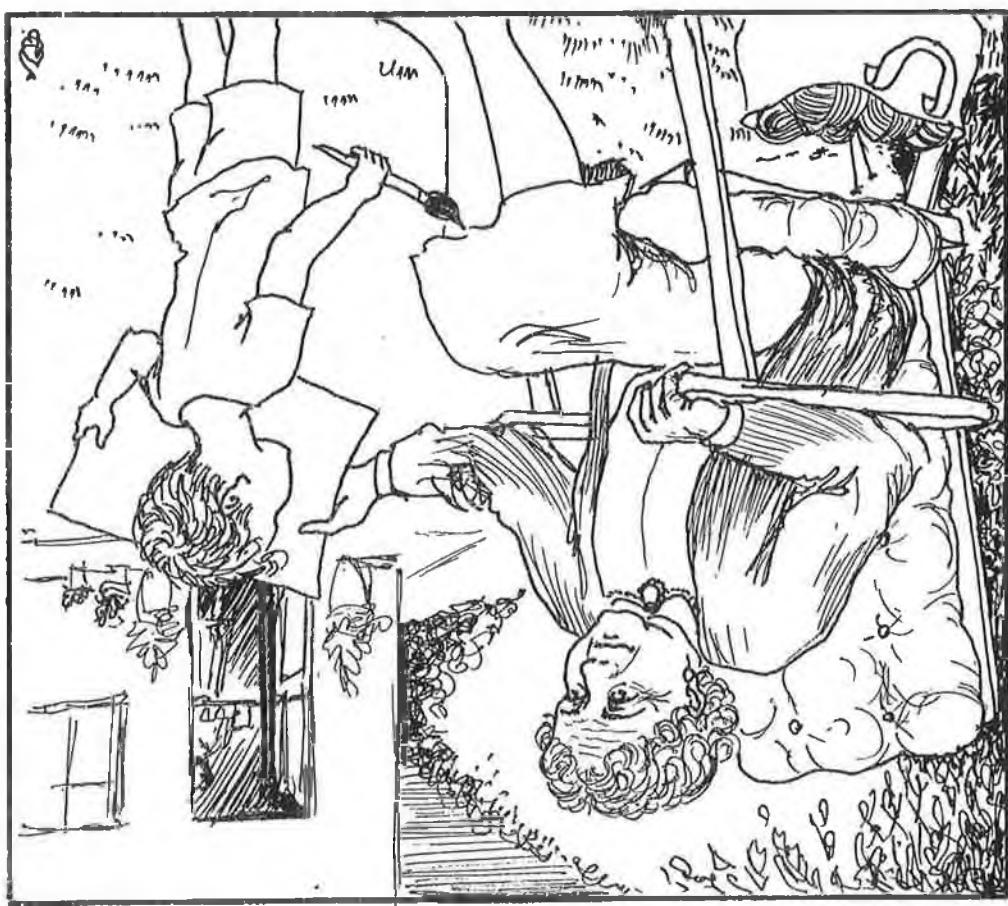
6.7 Discussion.

On the whole, I found the picture test to be quite enlightening. It demonstrated to me how ingrained peoples' stereotypes are, and how quickly they refer to then if the necessary stimulus for assessment can't be found. I also found that the first precept of Role Theory was valid outside the Legion club. Mis-identification and reversion to stereotype were at least as prevalent as I had surmized.

So far, we have discussed the supposed 'limited role options' and 'rolelessness' of the elderly. This brings me on to the second precept of Role Theory. This states that because of peoples' misconception of the elderly, roles put forward for the elderly are often inappropriate, ambiguous or lacking in cultural backing. Because the roles offered to the elderly are of this nature, they become a source of stress and anxiety. This makes it harder for elderly people to meet not only society's but also their own expectations. The elderly run the risk of failure with adopted roles because of this, and with that risk, they are also in danger of being labelled 'non-persons' or 'roleless'. Because behavioural norms are so ill-defined, their very ambiguity is assimilated into the self identity of older people (Matthews 1979). In the formation of social reality, the mass dictates the norm. However, the mass of the Irish population (about 89%) is below the age of 65. How then, can they be expected to postulate fitting norms and roles for the elderly? The definitions, norms, roles and expectations that have been proposed thus far are inaccurate. In the last century, over a period of not more that four generations, nearly 20-30 years have been added to the life span. These rapid changes in the aging process have not been kept pace with (Riley and Riley 1989). Culture has been lacking, because the age structures of social role opportunities have not kept pace with these changes. Since cultural ideology does not match cultural reality, a grey area has been formed where it lags behind. It is into this grey area of misrepresentation, stereotyping, marginalization and lack of understanding that the elderly are in danger of falling. The problem, then, is not really

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concerned with the elderly themselves, but with the wider issue of the inadequacy of our culture. There are Irish Government bodies at work on this problem, and 1993 was the European Year of Older People and Solidarity Between Generations. A vast amount of education, research and media input on this subject is required to teach people who the elderly actually are. Stereotypes will always endure, but it would be better if at least these were positive rather than negative and limiting like the current set. This paper would like to draw attention to the fact that a great deal of potential for research exists in this area, and is of vital importance to the task of changing peoples' opinions.

Conclusion.

This section contains a conclusion of the above presented work. It also includes suggestions for further research.

Chapter One dealt with defining the elderly as they would be described by the thesis. It was noted that much of the printed material on 'The Elderly' lacked subdivisions between the ages of 65+. This seems to ignore the fact that there can be a great difference in physiology, psychology and cirumstance between one who is 65 and one who is 95. It seems unfair to expect that a generalizaton about 95 year olds should be expected to hold true also for those in their sixties. Data and statistics which were found in the literature often ignored this point ; a factor which proved detrimental to their validity. It was also a factor which made this paper more difficult to research, and it discouraged the maintenance of age subdivisions throughout the paper. For this reason, it is recommended that in future works of a gerontological nature a subdivision between the ages that constitute 'elderly' should be maintained, and not only maintained, but done so in a manner that is congruent from one study to another.

Secondly, it was concluded in the first chapter that 'age' was culturally interpreted, and was viewed differently from society to society. Thus, in one culture, a seventy year old might be viewed as a charming eccentric, whilst in another they would be thought of as a doddery oldster (Fry 1980). Also, it was concluded that the 'age' of an individual relied heavily on the characteristics imbued by their cohort placing. Thus, for example, a fear of mugging could be seen to result from growing up in the 1920's in Dublin, rather than from simply being a septagenarian. This notion suggested that amongst the age categories that are presented (Biological Age, Social Age etc.), the category of 'Cultural Age' should also be included. Thus, future research on the elderly should concentrate on the social and economic factors that affect their socialization, as well as the attitudes of their culture towards them.. The 'Cultural Age' theory of the elderly and cohort theory are of great importance to a heightened understanding of the elderly. It is for this reason that the discipline of Anthropology has so much to offer the field of contemporary social gerontology.

The Second Chapter serves to further describe and define the elderly as they are examined in this thesis. It provides background material on demography, finances, health and retirement. This data serves two purposes. Firstly, it gives information that is necessary for a heightened understanding of the elderly, and secondly, it illustrates that the elderly are not at all homogeneous as individuals. Elderly people differ from each other at least as much as those of any other age group. This is a very important point, and thiugh it has been widely recognized academically, it remains to circulate to the wider population to a satisfactory level.

Generally, people tend to stereotype the elderly for several reasons (Hayes and Harris 1993). As such, the elderly are lumped together and attributed with certain sets of characteristics. This is the subject of Chapter Three. There is a widely held set of 'myths' and misconceptions concerning the elderly. These 'myths' and misconceptions have very little validity or basis in fact yet they are, in part, responsible for and resultant from the stereotyping of the elderly in Irish Society. An example of such a belief or stereotype can also be found in Chapter Five. Many believe the elderly to have been deserted by their families as a result of the industrial milieu. This is certainly not the case, and the very idea behind it misinterprets the issue, which is that the elderly themselves usually prefer to maintain an 'intimate distance' from their offspring. These erroneous beliefs do little to encourage enlightened perception of the elderly, and as such should be challenged by those who seek to improve the elderly's lot.

Chapter Four contains the findings from the fieldwork carried out in the British Legion Club. The data supported the cohort theoy of Aging which was presented in Chapter One. The Legion study was important because it allowed the ideas of the first three chapters to be tested in a fieldwork situation. It also provided data which was essential to the critical examination of theories of Aging which is presented in Chapter Six. Furthermore, the Legion study suggested 'Role Theory' to me, which is also dealt with in Chapter Six.

Chapter Five presents data on the elderly, the family and Kinship. One of the most enduring myths about the elderly is that due to the industrial milieu, they have been deserted by their kin-groups. The chapter examines this idea in great detail, concluding that if any divide between elderly and kin is noticable, that this divide does not damage the threads of potential interaction, which are available for use during times of stress, for both the elderly and their families. In fact, it is to the family that the elderly in need of succour will first turn. It is also noted that distance between the elderly and their families is usually perpetuated by the older generation, who are said to prefer 'intimacy at a distance'. Also it was noted that change to the 'modern' family type was asynchronous with industrialization, thus disproving the theory that the industrial age caused the abandonment of the elderly. These findings are of great importance, since they illustrate the fact that the idea of the abandonment of the elderly in Western Culture is primarily of a mythical nature. As noted in Chapter Three, myths about the elderly of this nature affect people's attitudes towards the elderly. Chapters Four and Six expand on this notion and point out that myths about the elderly aid the creation of innaccurate stereotypes that lead to innappropiate and insufficient role opportunities for the elderly. This was one of the most important findings of this document, and it highlights the need for greater education of the public as to who the elderly actually are.

Chapter Six of this thesis is concerned with a detailed critical examination of contemporary theories of aging. It looks at the relative merits and shortcomings of Disengagement Theory, Activity Theory, Exchange Theory and Life Cycle Theory. Each concentrates on only one core aspect of the aging process, and accord between the theories is sparse. For this reason 'Role Theory' of aging is postulated in an attempt to provide a theory for aging that takes both the mother culture and the aging individual into account. Role Theory states that an individual is in danger of being ascribed marginal roles based on cultural stereotypes if observers cannot easily identify a role with which to associate and/or ascribe them. It states also that changes in the formulation and application of these roles have not kept pace with changes in the quality and nature of aging since the turn of the century.

Overall, the findings of this thesis indicate that present attitudes towards the elderly are often based on ideas which are incorrect, for example, the idea that the elderly are often obsolete in employment. These attitudes lead to a lessening of social opportunity for the elderly, with the result that in several fields the elderly are in danger of being marginalized. It has recently been accepted in the E.U. and in Ireland that this is an issue that must be addressed. At present, there are, in Ireland, semi-state bodies whose primary goal it is to educate the general public, and to help to present a more valid picture of the elderly. This task, however, is an arduous one and requires the full backing of the state, the media and the educational system in order to create greater equality for the elderly in the minds of the general population. This is an important prerequisite of attaining less constricting roles for elderly people. A further benefit of this work would also be the achievement of a more optimistic outlook for those of the elderly who have come to accept how certain cultural stereotypes have described them. This would allow even greater access to social opportunity and thus lead to higher levels of life-satisfaction for the elderly.

Future research in cultural gerontology should provide the pool of knowledge for this drive towards a heightened understanding of the elderly. Firstly, the subdivisions between the elderly must be recognized and re-examined, since the elderly are not a homogeneous group. Differences in health, finances, psychology, education, housing, socialization, chronological age, and many other things exist. Old age spans a forty year age division, and the differences in individual circumstance must be taken into account by any party that seeks to promote greater understanding of the elderly.

Thus, it is obvious that research into all of the above fields is necessary, and this is a field in which anthropological methods excel. Furthermore, as is seen in by the lack of theorethical accord in the field, efforts must be made to provide a single theory of aging which is agreed upon by all of the disciplines that are involved in the study of the elderly. Arbitrary measures of 'age' and its sequelae must be eradicated as part of this program. It is only through a full knowledge of the range of issues involved, and through a concerted effort at attaining some sort of theoretical unity in the field that the goal of re-educating the public as to a more valid picture of the elderly can be achieved.

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