GERONTOLOGICAL KNOWLEDGE AND ITS ROLE
IN THE SOCIAL PRODUCTION OF AGEDNESS

by

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ABSTRACT

Accepting the point of view put forward by those sociologists working within the framework known as the social construction of reality, the thesis attempts to describe and analyze the social production of the phenomenon of old age. Specifically, it attempts to examine the production of gerontologists -- those who study and research aging as an occupation. It posits such constructions against views expressed by those considered "old."

Ethnographic techniques of data collection, responses to questionnaires, audio tapes and a textual analysis of written documents, gathered over a six year period in a variety of social settings, provided materials which display that notions of aging are differentially constructed by gerontologists and the old. An interactive approach to aging is suggested in which the lives and experiences of the old become data for inquiry.

The ideological base of gerontology is explored and the notion of "helping" the old is seen as an underlying organizational facet. How it is invoked as a resource to legitimize certain gerontological activities is described, analyzed, and compared with older persons' perceptions of themselves as being helped. The thesis argues that if gerontologists wish to help the aged through their research, consultative, teaching, and other activities, they are not succeeding in the most appropriate manner according to some older informants.
The theories of gerontology are examined as examples of some of the ideological foci put forward by its practitioners. They are found to be lacking in both theoretical and practical aspects.

The thesis concludes with a chapter on strategies for an appropriate gerontology using the contributions and criticisms of older persons and gerontologists. Recommendations are made as to how to render this field of inquiry more reflexive and useful to the old as service receivers as well as to members of the social sciences.
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Two people I have never met personally but whose work has greatly influenced my thinking are Michel Philibert of the University of Grenoble and Carroll Estes of the University of California in San Francisco. The written work of both these scholars encouraged me to proceed in a reflective manner toward the goal of reconceptualizing the gerontological
enterprise as it is performed by others in general and myself in particular.

The only thing worse than actually writing a thesis is living with someone else who is. Fran Isaacs saw me go off in several directions, from excitement when I thought I had found the right path, and to depression when I found the way blocked. Throughout this experience her continual encouragement and support has helped me remain on the road. Fran not only discussed the routes of the thesis with me, she also helped edit, type, and photo-copy it. She is the one person on this list of contributors of whom it is true to say that I could not have finished the thesis without her.
I first became interested in studying the topic of old age in 1975. As an undergraduate studying social change, I was involved in research on decision-making procedures, documenting the part which different groups and individuals played within this process. I was especially interested in knowing what input older persons had in choosing activities offered through local community centres. I assumed that decisions were made about the type and frequency of activities provided to senior citizens and that they, as consumers of these programs, would have some input into this process. In general, I found that this was not the case. Programs were chosen by activity co-ordinators based on what they thought older persons would like to do, and there was little or no attempt to include their requests within this process.

As a result of my experiences in doing this particular research (Auger 1976) I became very interested in learning more about the social conditions in which older persons lived. I also wanted the opportunity for further contact with them because, I realized that, until that time, I had had very little to do with older persons other than my direct family. I also realized that I enjoyed their company, the stories of their lives, and our discussions about growing older from their own experience and from mine. In other words, I recognized with the kind of insight that occasionally strikes us, that there are unexpected similarities in growing older
regardless of age. After this initial contact, I sought more information about the so-called "aging process." Eventually, in turn I was contacted by local gerontologists and asked to give papers and lead discussions on the sociology of aging. It was during this time, from 1975 to the present, that I became actively involved within the field of gerontology.

I taught credit and non-credit courses on a variety of topics in the sociology of aging; conducted various research projects dealing with the older population (Auger, 1976, 1978, 1979, 1981, 1982); presented papers and round-table sessions at conferences and meetings; involved myself in the community through various gerontological associations and seniors' groups; and chaired the committee on aging of a provincially based social policy agency. During these activities, I consistently did field work.

These experiences, and others, provide the data for this thesis, in part reflecting my attempts to make sense of the gerontological enterprise and to deal cogently with what I had seen, heard, and read. The thesis also seeks to identify part of the ideological base of gerontology as a body of knowledge. I have used the sociology of knowledge as a framework for examining gerontology as both a body of knowledge and as a culture, with its own rules, symbols, and beliefs.

As an action sociologist I have attempted to bring sociological analytic skills to the communities where I did
field work. In this way, I participated in an inter-active process with informants to help them deal with problems. On other occasions, I was assisted by informants in formulating more appropriate questions and in collecting more meaningful information.

Leaving behind the notion of sociology as value free, objective and unbiased, I chose to take an action or advocacy stance -- a commitment if you will -- to help the old make their concerns more visible, and to assist them achieve fuller recognition within the communities in which they live. I chose the topic of this thesis from two angles. As a sociologist I saw the social construction of agedness and knowledge about it as an important issue of inquiry which could be addressed by the sociology of knowledge. As an action sociologist with aged family and friends, I saw some potential through my field work for bringing about ideas and discussions, if not actions of change, for both gerontologists and the old.
This thesis is dedicated
to the memory of my parents
Bronislavia Sleznikas Auger,
Irene Radzvikas Auger,
and Nicholas Auger
CHAPTER ONE: INTRODUCTION - THE SOCIAL CONSTRUCTION OF AGEDNESS

All members of society participate in the social production of agedness to one degree or another. Although old age, as a stage of life can be defined primarily in terms of physiology and chronology, it is also interpreted in a variety of social ways which have to do with roles and expectations, attitudes and beliefs, and socialization practices. What comes to be recognized as professional knowledge about old age is also socially constructed. That is, what we "know" about old age has to do with how authentic we find our social descriptions of it.

Gerontologists are in the business of producing, monitoring, and disseminating a particular type of knowledge. It is different from that constructed by lay members. One aim of this thesis is the identification of what constitutes gerontological knowledge. This is done by describing and analyzing what gerontologists say and do and how their work contributes to the social construction of agedness. The thesis deals with two kinds of knowledge: "expert" or professional knowledge, that is, gerontology on the one hand; and common sense knowledge on the other. In addition, the thesis explores how common sense knowledge is influenced by professionals.

From a sociological perspective, gerontological and common sense realities of aging are viewed as appropriate topics of inquiry. By observing routinely occurring activities in settings where the topic of old age was discussed, I have
documented different persons' perceptions of this phenomenon.

The framework of the social construction of reality has been used by sociologists to show the social processes by which everyday events are organized so as to become meaningful to participants. Thus ethnographers, ethnomethodologists, phenomenologists, and symbolic interactionists have described various aspects of the everyday accomplishments of individuals.

The Aging Process As Everyday Knowledge

Aging is a social process by which an individual assumes various roles and behaviours throughout the life cycle. Each age grade holds duties and obligations, assorted rights and privileges. As Aries has pointed out, from the Middle Ages the notion of "the ages of life" (1962:15-33) have been evident in western culture. Therefore, social concerns about behavior in a given "stage" of life prevail to organize people to act 'according to their age.' From birth to retirement, expectations are attached to schooling, work, marriage, raising a family and so on.

All societies have rules and expectations about behaviour constituting old agedness. In our culture, using common sense knowledge of regularly occurring activities, we primarily use a chronological marker based upon the year of birth. Seldom is consideration given to what we call the individual's "social," "psychological," "biological," or
"emotional" states in the attribution of oldness. We arbitrarily choose sixty-five as the beginning of old age undoubtedly expediting the provision of services such as health care and financial aid where we assume they "ought" to be needed.

Throughout recent history, a great deal of thought has produced the decision to make sixty-five the necessary age. Financial subsidies for the aged, especially pensions, began in 1844 in Belgium and Holland and were restricted to soldiers and civil servants. Later, France too provided pensions to public employees. In 1890 in Germany, Bismark proposed a program of social insurance to protect older citizens from poverty. At that time, "old" persons were those aged seventy and over. This system became effective between 1890-1910 and subsequently was used in the United Kingdom in 1908. Similar legislation was passed in 1927 in Canada after years of discussion and parliamentary debate.²

Significantly however, not all individuals aged sixty-five and over require financial subsidies. For them, the age of sixty-five, denoting oldness, merely embodies the negative stereotyping this time of life can signify, and often seems inaccurate and prejudicial. Thus, mere chronology is an inappropriate definition for the complex factors involved in any stage of life.

It could be argued that social and financial programs and policies initially designed to assist, help create and
reinforce images and attitudes about those receiving such services. In a recent Canadian governmental report (Department of Health and Welfare 1982), the authors state:

...since 65 is considered the usual age of retirement, when terms such as "the aging," "the aged," "senior citizens" and "older persons" are used they refer to those...who have been designated the aging (1982:4).

This particular document is similar to many reports which use arbitrary classifications of old agedness. The age of 65, the "age of retirement" -- the often involuntary termination of paid employment -- appears to designate oldness. The same report also provides a table showing that persons aged sixty-five and over comprise 28% of the Canadian labour force. Therefore, these people are not "retired" and supposedly not "old" even though they have lived sixty-five years.

All our everyday actions are socially constructed. We are not mere respondents to activities, thoughts, and feelings 'out there' in the world, we are also producers of that world and participants in its everyday construction. As Schutz has noted:

The everyday world is intersubjective and experienced by us within the natural attitude. We not only act within but also upon the world (1966:49).

In most of our endeavours, based upon our common sense observations of life around us, we produce rules which govern our behaviour and that of others. We label and categorize each
other to facilitate interactions. It would be inappropriate to argue that there is no such thing as old age, although some authors such as Guillemette claim this:

There is no such thing as old age; there are only old people. Old age is an idea, a concept; old persons, each old person is a reality (1966:55).

In biological and physiological terms, the human organism does indeed become older and, as the science of senescence informs us, the body becomes increasingly vulnerable to disease as it progresses through its life-span. However, our common sense knowledge informs us that human organisms do not become old at a particular age. Individual circumstances are also at issue. Nor does old age necessarily contain stereotypical attributes such as grey hair, wrinkles, stooped bodies, chronic illness, "crotchetiness," and so on, although it is admittedly difficult to separate what is old and what is individual.

When we encounter what looks like an old person behaving inappropriately, the first reaction often is that he or she is different from what old people are "really like." That is, we define the behaviour as inappropriate, not our expectations and assumptions. For example, groups of students were asked to complete sets of quotations taken from various sources of literature in which the age and sex of the main characters had been omitted. They were asked to provide a rationale for their choices. Many of the eighty-six students experienced
difficulty in completing quotations where the characters were involved in what they considered non-stereotypical situations.

For example, one of the quotations used was taken from *The Book of Eve* by Frances Beresford Howe:

I knew tomorrow's regrets were only waiting to pounce on me and punish a shameless old woman, lying on the floor half dressed after intercourse with a stranger (1973:117).

The words, "old woman" were omitted from the version given to the students. In most cases they completed the quotation with the words "young woman." One rationale for the answer provided was that "young women can be expected to do this sort of thing, old women cannot." Another was that "men don't feel shame so it can't be a man of any age." In this exercise, the students were asked to examine their negative stereotypes of older people and of males and females, and how their attitudes contribute to the social production of agedness.

The gerontologist Alex Comfort talks about the social construction of agedness in *A Good Age*. He uses the term "sociogenic aging" to refer to the process by which older individuals are forced to alter their behaviour because of:

The role which society imposes on people when they reach a certain chronologic age... 'Oldness' is a political institution and a social convention based on a system which expels people... It is a political transformation which is laid upon you after a set number of years, and the ways of dealing with it are political and attitudinal (1976:14).
The "role" which Comfort and others talk about is experienced by one of my informants in the following way:

I find it much easier if I just act my age, well, what they think I'm supposed to act like, that is. You know, like dowdy and sort of stupid. Oh yes, and I'm not supposed to hear properly or see well or walk upright. I'm supposed to stoop. Ya know, even though me legs have been bad since 1954 I've never stooped. When I walk in and argue with them (hospital staff) you should see the shocks on their faces. "You can't really be seventy-eight Mrs. S., they say to me. You don't act that way at all." I show 'em. There's nothing gets past me at any age.

Mrs. S. experiences being judged on the basis of how old she looks: her hair is grey, she walks with the aid of a cane, her face is lined, and often she squints as though she does not see well. However, ironically, when she boards a bus, Mrs. S. must show her birth certificate which is yellow and torn, and sewn into the inside of her handbag, to "prove" she is really seventy-eight years old and eligible for free transportation. Her experiences are not exclusive to the hospital setting but occur in many of her daily activities.

The labelling process to which Mrs. S. refers can be likened to what Sacks terms "membership categorization (1972)." A membership categorization device (MCD) indicates how persons choose to relate interactionally. In this way, the MCD "old person" would represent a set of categories such as "male," "female," "grandparent," "retired," and would suggest appropriate interaction with them.
Mrs. S. is not alone when she complains about negative stereotyping and discrimination on the basis of age. Others also express their dislike of "ageist" attitudes and thereby raise questions about what age is and can be. At a recent (June 1982) meeting of older women involved in a widows' support group, the guest speaker commented that one participant "couldn't possibly be eighty-two because you don't look nor act your age." The woman replied, "this is how I am at eighty-two."

Old Age As A "Scientific" Phenomenon

The phenomenon of old age has received increased attention from the social sciences over the past decade, especially in the United States, Europe, Great Britain, the U.S.S.R. and more recently Canada as well. The main reasons most frequently given for the concern is that the absolute number of older persons in the total populations of these countries has increased considerably (Appendix A).

The aforementioned figures are projected to increase from 9.5% in the year 1981 to 11.0% by the year 1991 and to 11.8% by the year 2001. In 1973, the United States demographic profile showed at least 10% of its population to be aged sixty-five or older. In Great Britain, the total population aged sixty-five and over was 12.6%. This trend was shared or surpassed by other countries, mainly European (Appendix B).
A recent United Nations survey (1981) predicted that by the year 2000, those aged sixty-five and over will be the fastest growing age group anywhere in the world, with the largest increases in Africa, South Asia, Latin America, and East Asia. While these countries may experience an increase in the sixty-five plus population, North American and European countries will have the oldest populations. Approximately 20 per cent will be sixty-five and over. For a more detailed explanation of these world demographic changes, see Appendix C.

As more people not only grow older but also live longer, so the phenomenon of old age is creating a great deal of interest, especially among social scientists. Demographic trends in turn influence policy and program decisions about those aged sixty-five and over. However, for some gerontologists, it is not an increase in total population which causes concern but rather an awareness of a prevailing lack of sensitivity to those who are represented by the demographics. Michel Philibert observed:

The basic problem of our culture, our society, and our social structures is not so much the increase in the number of old people, but rather the fact that this increase is taking place in a society which accepts the downgrading of the elderly as a law of nature instead of seeing it as a feature of its own culture (1963:945).

Although absolute numbers may be important for the demo-
grapher, for others it is the persons framed within the numbers who must be viewed with a greater awareness and recognition. Demographic features are in some sense a gloss over what are real people who have real needs.

The biological and medical sciences have been interested in the topic of old age since ancient Egyptian and later Greek practitioners sought to explain how and why the human organism grows old and subsequently dies. Later, the biological sciences examined the topic more specifically through the study of senescence, that is, the process by which an organism becomes increasingly vulnerable as it progresses through its life-span. The medical sciences also established a specific discipline for looking at the pathological reasons for the aging process. This is known as geriatrics, the study of old age related diseases which are both chronologically and physiologically determined.

The social sciences' study of old age is said by many authors (Atchley 1980; Bromley 1966; Decker 1980; and Tibbitts 1960, among others) to be less concerned with its pathological effects upon the aging individual and more concerned with the social, psychological, and cultural aspects of this continual development through the life-cycle, as it acts not only upon the individual but also upon whole societies. It should be noted here that this taxonomy -- social, psychological, and cultural -- implies not only that these concerns are adequate ones for persons studying old age,
it also points to the disciplines predominant within the field of gerontology, namely, sociology, psychology, social work, and to a lesser extent, anthropology.

The scientific study of the social aspects of the aging process has come to be referred to, by social scientists and other academics, as social gerontology. Gerontology is usually defined as "the systematic exploration of the aging process" (Hendricks and Hendricks 1977:19) and "what we know about the causes and consequences of aging" (Atchley 1980:5). It is viewed as the overall heading under which all "scientific" studies of the aging process appropriately fit. In other words, using the loose definition just provided, scholars and practitioners of biology, law, medicine, architecture, anthropology, social work, sociology, education, and psychology may all be referred to as gerontologists.

Social gerontologists are those scholars, health practitioners, and social service planners and providers whose main interests lie in analyzing the social systems, behaviours, and organizations in which people grow older and conversely the impacts that the aging individual has upon these systems and cultures themselves. They are also service providers to the old and their families, working in hospitals, adult day care centres, human resource areas and governmental health and welfare ministries, among others.

There is a distinction that could be recognized between the academic gerontologist whose work is mainly research
oriented, and the professional whose work is of a more practical orientation addressed to direct service. In this thesis the term gerontologist applies to both groups of individuals unless otherwise specifically stated.

The notion of social problem solving is frequently invoked by gerontologists. The rationale normally provided suggests that as the population of persons aged sixty-five and over increases, so too does the need for more social, economic, and health related services. However, as the following field note will illustrate, the 'problem' is often for the providers of such services and not necessarily for the recipient. The field note was recorded at the program meeting of a provincial gerontology group. Five committee members were present, one of whom was the researcher.

K. We really need to do something about alcoholism and the elderly. It is a real problem which we never addressed.

Researcher. What's the problem?

K. Well, it's a real problem for us in X (care facility for older persons in Vancouver). We don't know what to do about letting them drink or not.

M. Sure, and the American studies always point to the very real problem of drink and drugs. The ADC (Alcohol and Drug Commission) isn't doing anything about it. I think the committee should do something. They obviously need help in this.

Researcher. Yes, but who defines the problem? At what point is it a problem and for whom?
K. Well, well, I know it's a problem for us, especially with Christmas coming up. Some of our people will want to drink and they'll get carried away, you know how they are. Well, it's the tolerance to drink -- the level goes down at their age. You can't help them unless you can convince them of this.

M. You're right, K., we should offer a program on it. It sounds as though we all agree that it is a problem. We need to have something that will help other people who have the same problem in their facility.

S. And the people, well, the ones living in their own homes too. We should get help for them too, especially at holiday times.

Researcher. I'm still interested in knowing when it becomes a problem and who decides it is.

K. Oh, J., we know it's more of a problem for the elderly, don't we? They also take drugs and abuse them too.

S. They don't abuse drugs -- it's the doctors who are at fault here. But you're right, the two don't mix. We've got to help them in this -- no one else has as far as I know.

This field note points out the moral imperatives envisioned by the care-providers as appropriate for them and for those to whom they provide services. The "problem" of alcoholism is viewed from at least two perspectives. On the one hand, it is seen as a matter of social organization within a care facility "especially with Christmas coming up" where staff must deal with "letting them drink or not." In this instance, staff is seen as responsible for patient care, and drinking alcohol is seen as harmful because "the tolerance level goes down at their age." On the other hand, persons who
"live in their own homes" are also seen to need "help" with alcoholism. Those who live independently in the community are seen as similar to those within institutions because of the medical implications of combining drink and drugs. Care-givers view themselves as responsible for their own clients as well as all alcoholics. This constructs them as legitimate caretakers of other people's lives.

This particular meeting led to the presentation of a program on Alcoholism and the Elderly early in 1981. It was held at a senior citizens' centre in downtown Vancouver. Of the eighteen people present to hear a speaker from the Alcohol and Drug Commission, fourteen were members of the association sponsoring the event and four were members of the community centre staff. Prior to this meeting, I learned that a senior citizens' group had received a grant to offer one-to-one self-help in alcohol rehabilitation to those over sixty-five. I suggested that the co-ordinator of this group be asked to speak at the presentation, but was told that the representative from the ADC would not speak on the same panel as the co-ordinator because he was "not a professional in this area." The committee decided that a senior citizen working with elderly alcoholics was not as 'expert' as the professional from the government agency. The latter ironically noted that his department was not "directly involved with offering services to seniors."
Thus, social problem solving is looked upon differently by those who invoke the problem, gerontologists, and those who are identified with it, older persons. It also points out that "expert" is differentially defined by the two groups. At no time did the subject of how the aged themselves define 'problem drinking' arise other than when the researcher unsuccessfully attempted to raise it.

Authors writing on the history of gerontology as a discipline (notably Birren 1959, Philibert 1965, Streib and Orbach 1967, Hendricks and Hendricks 1977, Oliver and Eckerman 1979) have identified its development over five growth periods. They are:

1) Pre-1940, Pioneer Efforts;
2) 1940-1954, Early Development;
3) 1955-1964, Research and Organization;
4) 1965-1974, Education; and
5) 1975 to the present, An Emerging Discipline (Oliver and Eckerman, 1979:2).

Although gerontology has been a recognizable discipline over the past forty years, during the past ten to twenty years it has gained prominence in North America as a field of important inquiry within the social sciences.

During the past decade or so, the term "Social Gerontology" has been more and more widely used in the United States to designate a set of problems and studies concerning the social processes of human aging (Philibert 1965:4).
Philibert sees the emergence of gerontology as the direct result of two inter-related factors. The first is a rise in scientific inquiry on a variety of twentieth century issues especially after World War II. The second is the increasing life expectancy of individuals due to improvements in medical technology. He says:

The scientists' interest in the problems of aging...resulted in part from the accelerating pace of science in general...Another powerful stimulation for scientific research in aging has resulted from recent social changes which in all industrialized societies have affected either aging individuals, communities responsible for the aging in their midst or both (1965:4).

An interest in old age, which some gerontological authors believe began in 1645 with Francis Bacon's attempt to explore the process of aging in History of Life and Death, has continued throughout history. For a detailed breakdown of major events in the historical growth of gerontology as a discipline, see Appendices D through H.

The subject matter of the 'discipline' has been referred to by Harris and Cole as:

...The scientific study of aging, began to emerge as a scientific discipline about 1940. The rapidly increasing number of older people in the population gave impetus to this new science (1980:4).

and by Johnson et al:
In a recent (1980) survey of 87 gerontology educators and practitioners in the U.S., all agreed that gerontology as a discipline represents a common body of knowledge which has a basic core (1980:6).

I have constantly asked myself and others what it is about, what we are trying to do, and for whom. The answer consistently is that what is done is to help the aged. The ideological structure is the notion of helping, not only the aged, but others as well. This sentiment is contained in the following quotation taken from the previously mentioned textbook on gerontology (Harris and Cole):

Studying gerontology is a means of helping our nation and its communities to provide a more satisfactory life for the elderly which should improve conditions not only for today's older people, but for those who will be old tomorrow (1980:20).

Although gerontologists may claim "helping," their efforts are seen somewhat differently by those presumably helped. Maggie Kuhn, president of the Gray Panthers has noted.6

Gerontology has assumed the deterioration of the aged and has attempted to describe it in terms which ignore the social and economic factors which in large measure precipitate that deterioration. By reifying the attribute 'old' gerontology reinforces societal attitudes which view older people as stuck in an inevitable chronological destiny of decay and deterioration...When persons who are old, poor, and stigmatized by society become objects of gerontological research, they are seen as problems by society, rather than as persons experiencing problems created by society.
Ms. Kuhn is suggesting not that gerontology helps the aged, but rather that it hinders them in their attempts to deal with the social conditions of their lives. Although I respect the view that the terms "old," "seniors," "the aged," "the elderly" and so on, may reinforce negative social attitudes, I nonetheless also use these labels of description in the thesis because they are accepted as appropriate social categories.

Claims made by persons involved in the field of gerontology is that their work is intended to improve the lives of the aged. As the data will show, these claims are made explicitly in some cases, through written materials such as books, journals, articles, grant proposals, social policies and programs. In other cases they are tacitly assumed, in comments made at meetings, conferences, and conversations with peers.

I plan to analyze the diverse ideologies of both the aged and gerontologists.

It gets me sick, you know, like when I came back from the CAG meetings in Saskatoon. Well, there they all were, the academics, the know-it-all gerontologists, and there we were in our cages. Yes, that's just what it's like, you know. They put all of us in cages. They poke prod and examine us. It makes me mad. Then they write those theories -- have you ever seen so many theories? -- about us. I felt like, well, I wanted to scream at them: ask me! They don't help us, no, it's themselves they help -- they get the money, the jobs. I'm damned sick of them putting us in cages. We've got to tell them what we want.
Well, ladies and gentlemen, I had a nightmare the other night. I dreamed I was attending a conference about "what was good for Eskimos" and I looked around the room and I saw not a single Eskimo present, but I saw a large number of intellectuals and well-meaning people gathered together to decide what was good for the group of people who were not represented.

It should be our task to help the aged help themselves. We must use our knowledge and expertise as scientists, no matter what our original backgrounds. Be we psychologists or social workers, sociologists or home economists, we are here as gerontologists interested in providing to and caring for the aged. We must use our skills to alleviate their problems and by doing so help ourselves too, because we will all benefit from the work which gets done today when we ourselves become old.

Such attitudes represent many which are currently circulating within the gerontological community. This diversity of viewpoints creates a situation which hinders gerontologists and the aged from working together. Further, it creates a situation in which gerontologists are seen to be more 'expert' than the aged themselves. Of course gerontologists have greater access to decision making processes, resource gathering, and social, economic, and political structures.

Naturally, not all older people are concerned about the production of gerontology. Nor do they necessarily belong to organizations concerned with the elderly. The voices of the old who speak in the thesis represent some who were actively interested.

The thesis shall explore the ways gerontology contributes to the social construction of agedness by
analyzing the models, themes of inquiry and attitudes being put forth by gerontologists. As well, the social production of knowledge and the role which ideologies play shall be examined. This dissertation is unabashedly an attempt to do action sociology.

Organization Of The Thesis

The theme of Chapter One is the sociological topic of inquiry, the social construction of agedness and the roles which gerontological and common sense knowledge play in this production.

In Chapter Two, the sociology of knowledge used to interpret and analyze the data will be discussed. As well, I will attempt a phenomenological framework of analysis to recognize the input of older persons into the gerontological enterprise. I will describe the data of the thesis and the methods of data collection. Chapter Three will discuss the notion of ideology and its role in the social sciences and in gerontology. The notion that theories identify ideological concerns within gerontology will also be discussed.

In Chapter Four, the notion of help as a feature of the gerontological ideology will be discussed. Chapter Five will explore the gerontological enterprise by identifying gerontological knowledge. Chapter Six deals with a series of strategies for an appropriate gerontology to serve the needs of older persons and gerontologists.
Footnotes to Chapter One

1. For examples of how this process works in societies other than our own, see Simone de Beauvoir's *Old Age* (1977) for a historical view. For specific descriptions of the social construction of agedness within and outside Canada, see Clarke and Anderson (1967), Myerhoff and Simic (1978), Palmore (1975), Shanas et al (1968), and Stearns (1976). The newly published journal *Anthropology and Aging* (1981, American Anthropology Association) provides descriptive accounts of aging in other cultures. As well, an excellent bibliography on gerontology from a cross-cultural perspective is published by the International Federation on Ageing (1979). The ethnic elderly who reside in the Greater Vancouver area speak with their own voices regarding aging in their homeland and Canada in articles by Auger and Gray in the January through June editions of the *Elder Statesman* newspaper (1982-83).

2. For a more complete overview of some of the philosophical bases of various financial aid programs for the aged, see Hogarth et al (1979), de Beauvoir (1977), and Bromley (1966).

3. An interview with a seventy-eight year old woman living in Vancouver, conducted with respect to her perceived needs, July, 1981.


5. For an excellent description of the historical examination of old age and related issues, see de Beauvoir (1977) and Freeman, Joseph T. (1979). Cicero's *On Old Age and Friendship* (1967) gives an account of how the ancient Greeks felt about old age. For a description of how the subject of old age has been dealt with in the literary world from the ancient Greeks and Romans through to the modern world, see Auger (1980).


9. Keynote address and introductory speaker at a conference on aging, held at the University of British Columbia, July 1979.
CHAPTER TWO: FRAMEWORK OF INQUIRY

a) The Perspective of the Sociology of Knowledge
   Applied to Old Age

The framework of inquiry used to make sense of the data collected is the sociology of knowledge, in particular, that part which is concerned with the social construction of reality. This suggests that all 'reality,' what Berger and Luckman define as:

... a quality appertaining to phenomena that we recognize as having a being independent of our own volition (we cannot "wish them away") (1966:1).

is constructed in activities and interactions with others. This way of understanding and examining the world, raises the issue of the process involved in the construction of any given reality, and in the production of knowledge about that reality. As Berger and Luckman further state:

A sociology of knowledge will have to deal not only with the empirical variety of knowledge in human societies, but also with the processes by which any body of knowledge comes to be socially established as reality (1966:3).

Similarly, I am less concerned with the "philosophical questions" posed by this framework of inquiry and more interested in the social processes by which knowledge and other types of reality are produced. Thus, to make sense of the data collected, this documentary evidence of people's behaviour becomes indicative of their socially constructed
reality about aging. What model of oldness does the data present, what features of human behaviour and interaction, make this picture visible? In other words, 'what is the reality of oldness put forward? How is this reality produced and maintained? How does it work in the world? What makes this particular reality more "real" than others?'

As I have collected data, it has been used in a reflexive way, by unpacking and making sense of my own and others' activities within the field of gerontology and old age. A key issue has been to try to understand the nature of gerontological work, to look at how its boundaries are set and by whom. When I use the term 'reflexive' I borrow from Gouldner's definition of it as a type of sociology through which I can fit not only my data, but also my life. In other words, this perspective enables me to look back on data and see where my attitudes and values about old age, my 'reality' as it were, fits into the overall shape of the inquiry. As Gouldner says:

A reflexive Sociology would recognize that knowledge of the world cannot be advanced apart from the sociologist's knowledge of himself and his position in the social world, or apart from his efforts to change these. A Reflexive Sociology seeks to transform as well as to know the alien world inside of him. It accepts the fact that the roots of sociology pass through the sociologist as a total man, and that the question he must confront therefore, is not merely how to work but how to live (1970: 489).

In attempting to define the gerontological enterprise, I use
my own knowledge and experience of it as data. I therefore agree with Gouldner further when he says that there is no knowledge of the world that does not arise out of our own experience with it and our relation to it. In this way, as Simic (1978:10) has pointed out, an awareness of self in these settings is as much part of the ethnographic enterprise as the scientific aspect.

As a reflexive sociologist whose work is action oriented, I am interested in using knowledge of gerontology as a resource in bringing about change. As Hymes has said:

Knowledge about people is a resource, like control of oil and of armies: Nations cannot accept permanent inferiority in this regard... the proper role of the scientist, and the goal of his efforts, should not be "extractive," but mediative. It should be to help communities be ethnographers of their own situations, to relate their knowledge usefully to general knowledge, not merely to test and document. Such a role could be the safeguard of both the intellectual and ethical purposes of the science itself (1974:67).

This particular topic was chosen not merely from the perspective of what it could add to an already existing body of knowledge, but also because it has a direct relationship to my own area of interest. As is known to all social scientists and as Myerhoff and Simic point out, the selection of field settings is in no sense random or fortuitous but:

...the direct result of the personal identities and past professional experience of the investigators (1978:10).
The notion that reality is socially constructed has been dealt with by authors interested in the theoretical perspective of the sociology of knowledge. The work of Alfred Schutz, in particular, has played an important part in attempting to display how persons construct their social world(s), their "everyday reality" as he calls it. Schutz defines this ongoing process of reality production as one in which:

We start from an examination of the social world in its various articulations and forms of organization which constitute the social reality for men living within it. Man is born into a world that existed before his birth, and this world is from the outset not merely a physical but also a sociocultural one. The latter is a preconstituted and preorganized world whose particular structure is the result of an historical process and is therefore different for each culture and society (1973:22).

Much of what we know about our world is not directly experienced by us; rather, it is shown and told by others. I do not personally know how it is to feel old, but through interaction with others who are, I can get some understanding of this stage of life. As well, I know about old age from what I see happening around me, and from what I read and hear from others who also know about it in a similar way. As Schutz says further:

Only a very small part of my knowledge of the world originates within my personal experience. The greater part is socially derived, handed down to me by my friends, my teachers and the teachers of my teachers (1973:13).
Sociologists are interested in analyzing the social organizational features of everyday activities. They have conducted this work in settings which include institutions such as hospitals and care facilities: see for example, the work of Ford (1974), Gubrium (1973), Posner (1974), Scott (1969), Sudnow (1969) and Olesen and Whittaker (1968); also in law courts and other correctional services, see Buckner (1970), Cicourel (1968), and Darrough (1975); in senior citizen’s housing, see Hochschild (1973), Jacobs (1974), Matthews (1978) and Stephens (1976). Interactions in a variety of other social settings have been observed, included among them are the works of Garfinkel (1967), Goffman (1959, 1961, 1963) Mead (1934), Parkinson (1975), and Wiseman (1970). The thesis data can be examined by utilizing some of the concepts put forward by the theorists of the sociology of knowledge, especially with respect to the concept of the social production, organization, maintenance, and use of different ideologies and their function. With respect to the notion of how some particular types of knowledge are accounted for as ‘expert’ and others are not, Merton claims that the former is in fact, one of the primary concerns of the particular method of sociological and philosophical inquiry:

The sociology of knowledge is most directly concerned with the intellectual products of experts, whether in science or philosophy, in economic or political thought (1957:441).
In pursuing the notion of the knowledge of experts, Znaniecki puts forward another of the main foci of the sociology of knowledge, that of the social conditions out of which certain kinds of knowledge are produced:

In sociological studies of specialized persons, it is the connection between the individual and his social milieu which is the main object of interest; and his specialized activities are viewed with reference to the cultural setting in which they are performed (1975:13).

The social settings in which we do our work thus greatly influences the type of knowledge produced. The knowledge is to some extent bounded and affected by the physical space in which it occurs.

Some authors claim gerontology constitutes a particular body of knowledge about old age which both organizes knowledge about aging, and via interdisciplinary perspectives, provides an opportunity to "integrate knowledge gleaned by these disciplines" (Decker 1980:1). Atchley regards gerontological knowledge as a tool for:

...making explicit the systematic and predictable elements of the world around us. It seeks to describe and explain the structure of the social world of old people and how they are influenced by that structure (1980:6).

If we agree with them, we can use the framework of the sociology of knowledge to look, in a reflexive manner, at how this knowledge is produced. Estes suggests that if gerontologists wish to be viewed as 'experts' on aging, they
should be fully aware of the possible repercussions of such claims to knowledge:

As a consequence of their claim to knowledge and expertise, professionals and practitioners working in gerontology influence conceptions of problems and solutions at official levels of government. These views of reality constructed by experts and institutionalized by public policy have profound political and social consequences for the aged, who have less and less power to alter the situation (1979:14).

What gerontologists know about old age is not only learned from their involvement in research, service provision, teaching, and administration, but also from their common sense observations of everyday life:

All our knowledge of the world, in common-sense as well as scientific thinking, involves, constructs, i.e. a set of abstractions, generalizations, formulations, idealizations specific to the respective level of thought organization. Strictly speaking, there are no such things as facts, pure and simple. All facts are from the outset selected from a universal context by the activities of our mind. They are, therefore, always interpreted facts (Schutz, 1973:5).

Polyani, in his exegesis of Schutz, reminds us that our store of knowledge is so vast that we "know more than we can tell" (1967:18).

The sociology of knowledge has been used to explain how ideas, viewpoints, and opinions have been formulated, by one group of persons to affect changes in their lives and in the lives of others. Some of the very familiar works of Karl Marx
and Frederick Engels address this topic directly as in the case of *The German Ideology* (1939) and *A Contribution To The Critique of Political Economy* (1918), which discuss the ways different class ideologies can bring about lifestyles which are inequitable to various members of a given society. The knowledge of one group, they claim, can be used against another which does not have the means to acquire it. Estes reiterates these basic contributions when she argues that:

> Because social scientists, as well as policy makers and other elites, contribute to the social construction of reality, the production of gerontological knowledge and its role in public policies deserves careful study. ...empirical and theoretical advances occur as a consequence of the interaction between (1) technical development and elaboration (research methodologies), empirical findings, and knowledge, and (2) extra-technical sources such as changes in sentiments, in background assumptions, and in the personal realities of scientists and those around them (1979:7).

Although Marx was specifically referring to the means of mental production in the work place when he said "the ideas of those who lack the means of mental production are subject to those who own it" (1918:64), those persons who "have the means" to control capital are also usually those who produce and control ideas in other forms of daily life such as in education, politics, finances, social policy, medicine, and law. Certain types of knowledge can be seen as available to special groups and not others. Dorothy Smith (1973, 1974), Sandra and Daryl J. Bem (1971), Simone de Beauvoir (1961), and
Susan Sontag (1978) among others, have used aspects of the sociology of knowledge to explain how males and females acquire and produce different ideologies and actions.

As gerontologists are in the business of producing materials which become part of the "stock of knowledge" on old age which is generated into the lay community, it is important to examine how they do this. The sociology of knowledge perspective provides a framework of analysis which assists this goal.

The Phenomenological Imperative

In order to contribute in a small way to both the sociology of knowledge perspective and the knowledge base of gerontology, I have attempted to build a theoretical framework for viewing old age and research on it as an interactive process between researchers and those being studied.

I apply a phenomenological approach to the study of old age which views the aging individual as co-worker with the researcher or knowledge producer in the gerontological enterprise. I thus view personal experiences of growing old, be they made visible through the telling of stories, anecdotes, and reminiscences through journals, letters and other written documents, as data sources which are as reliable as other less subjective measurements such as activity and life-satisfaction scales, the construction of theories, longitudinal and cross sectional research studies.
In the interactive or what R.D. Laing calls the "inter-experience" (1967:15) process, the researcher and the informant each share a realm of experiences with respect to a given issue. The task of each is to share something in common. Laing suggests that we share and use our experience as "evidence," that we "know" not just from the circumstances of our lives but also from the lives of others. In this way, not only do we experience, we also experience others as experiencing.

In the social production of knowledge, it is not merely the presumably objectifying experience of the scientist-observer which can explain, describe, and analyze the topic of inquiry, but also the subjective experiences of the data-provider or actor on the scene. In the phenomenological approach, rather than bring the old into the scientific world through the laboratory experiment, survey, or questionnaire, the researcher goes into their everyday world to observe phenomena which they deem to be relevant to their life situation. In this way, he or she observes the activities of the old as well as listening to and reading how their talk conveys the individual's own experiences.

Part of an interactive approach to the study of old age could include an action or advocacy stance on the part of the researcher. In this way, as Bart (1970), Gearing (1960, 1970), and Tax (1964, 1968, 1975) among others have done, the researcher asks the question 'what is this group of people attempting to do and how can I help them do it?'
My involvement within gerontology has been geared towards direct action in terms of policy planning, program and service evaluation, and needs assessment. Even though I have used "scientific" methods to acquire "evidence" to support the need for programs and services, I have also used a more subjective or phenomenological approach by participating informally with older people in settings where they live. Through this process, I have found that the two sets of data -- scientific and common sense -- have provided a sharper picture of the situations lived by older people than by either method used exclusively.

A research performance which would utilize the life experiences of the old as meaningful and necessary in describing aging would require an interactive methodology where they could participate in more than merely data providing ways along the lines of those suggested by Nancy Kleiber and Linda Light in their report Caring for Ourselves:

An interactive methodology required that the (Vancouver Women's Health) Collective participate in the design and use of research techniques, the formulation of conclusions and the writing of the report. This collaboration made us all consider a number of issues basic to social science research. These include the distribution of power between the researcher and the researched; the ownership of information; the possibility and desirability of objectivity; the impact of feedback on the researched group; the emphasis on the process versus the product of the research; and the question of who the research is for (1978:9).
The intention of these authors was to make their research responsive to the needs of those studied. In this way, their work was not merely descriptive and predictive of how the health collective functioned, it also provided the collective members with information about their working processes and dynamics. Kleiber and Light remind researchers that choices of data collection are in need of reflection and examination because the methods of inquiry affect subsequent findings:

At the very least we must clearly specify the issues to ourselves and then be aware of the choices we are making and our reasons for these choices. Such an examination may, in itself, result in dramatic changes in the way we do our research. In many cases, our choices are dictated not by research necessity but by tradition, habit, or personal fears of vulnerability. We must be prepared to take some risks, both professionally and personally. It is undoubtedly much more possible than we ever would have thought to be open with those we are researching (1978:30).

Often, gerontological research is aimed at defining and suggesting programs for policy implementation. In this way, an evaluation of already existing services is conducted or the need for a new service is documented. Changes to already existing services or suggestions for new ones often require political and economic manipulation. It is the old as consumers, and not researchers as documenters, who need be heard if changes are to come about. The decision to involve the old more fully in research endeavors is not based so much on the principle of democratic involvement as on practicality.
In many scientific endeavours, the researcher studies a community or phenomenon in which he or she is neither a member nor a participant. With gerontology, researchers may conceivably become subjects in terms of future developments in the study of older persons. This transformation causes some gerontologists to reflect upon their own work. A "steadily aging" social work informant put it this way:

As I get nearer that sixty-five bracket, my focus shifts. I used to be so "gung ho" on all the research we were doing. Now I am far more critical of what we do in gerontology because I fear that I shall too be on the receiving line of all this scientific experimentation. God forbid a student of mine might one day interview me about my aging (Aug. 17, 1982).

Unlike other scientific pursuits, the study of old age is not merely a discussion of 'their' lives, it is also a part of the history of 'our' lives. In order to meet my personal criteria of an appropriate gerontology, the study of aging would reflect both the theoretical and practical aspects of growing older. It would attend to the issues both from an objective or scientific standpoint and from the subjective realities of the old themselves. Such a study would also examine how social realities of old age are constructed and maintained in everyday life.

The data which informs this work reflects experiences I have had as a gerontologist. Since producing my first piece of work on the subject in 1976, I have been involved in documenting issues of concern to old people. Some of my work
in this field has been academic through the teaching of courses and presentations given at workshops. On other occasions, I have planned and conducted research, and acted as chairperson of a provincial planning council's committee on aging. I have participated in the planning, implementation, and evaluation of government policies which concern the old and their families. As a member of the British Columbia delegation to the National Advisory Council on Aging meetings in Ottawa, I have observed through discussions that the issues relevant to older persons and gerontologists here are shared by those in other provinces. During the past seven years, I have been involved with many issues relevant to the old and gerontologists, among them crime prevention, the special needs of women and ethnic seniors, housing and health concerns, bereavement and loss, and the role of older persons in decision-making procedures.

One issue shared by both gerontologists and older persons, for entirely different reasons, is that of the involvement of older people in matters relevant to their lives, especially when services, programs, and policies are affected. One informant, a retired high school teacher, noted:

Gerontologists talk about involving seniors in government planning strategies and services in order to raise our status. We talk about being involved as a matter of fact, not as a gift from academics and professionals, but as a right in our role as tax payers (August 1982).
The difference between "status" and "role" is a philosophical shift in perspective not always seen as valid by some gerontologists, but is clearly delineated by some seniors. As the previous informant continued:

Status is something which people can give or deny to each other. In this sense, it can be a negative thing. Status is provided to people on the basis of their contribution to society. Some would say that seniors no longer contribute, thus they have no status, or at best a low one. Role is something you are. You are always in a role even though it may change. The role of tax payer and concerned citizen stays with us all of our lives. It would help us if the professionals would recognize this difference.

The shift in focus this informant points to would allow the old to be seen as continual contributors.

I do not envision a gerontology of the future completely conducted by older people addressing only concerns they raise. Research topics could be generated by citizens' groups, seniors' organizations and networks, and key individuals with experience and knowledge in the field as well as by academics and professionals. Research design and methods would involve subjects as well as researchers, and access to information gained from the work would be made available to both groups for mutually agreed upon follow-up action. Implementation of research recommendations would be a joint effort and both parties would be responsible for the transmission of information to the general public, funding bodies, and other interested groups.
b) The Fieldwork Method: The Experience of Participant Observation

The process by which materials were gathered is generally referred to as fieldwork. The researcher who enters the setting as a participant observer selects a place, a fieldwork arena, in which to conduct an ethnography, a descriptive account, of some aspects of everyday life events and then proceeds to document the reality he or she perceives to be going on. Experiences of 'what was going on' were arrived at through negotiation and consensus with others present in the setting at the same time.

To produce descriptions of 'what went on' the field worker makes use of many recording devices which capture the events observed. He or she makes notes, tapes conversations, reads available literature, and observes and analyzes behaviour both in terms of verbal interactions, and non-verbal signs and gestures used to communicate rules and expectations to those in the setting. The recording of symbolic interactions are then used to determine the behaviours and activities which occurred.

A procedure takes place where researchers decide which data best describe 'what went on' for their particular purposes. I would choose not to record items of a 'gossip' nature, talk about 'where we shall eat tonight,' 'when we are returning to Vancouver,' and so on. The selection process can occur both during and after events have taken place.
In order to record events which displayed old age and gerontology as the social accomplishments of persons going about their normal, everyday affairs, I chose to be present in settings where I could see and hear these topics discussed. I expected old people, and some gerontologists, to congregate in specific places. I made the assumption, borne out by other sociological studies of persons' behaviour in public places, that social settings are temporally and spatially constructed for certain activities to take place within them.

Inherent in the enterprise is the idea that the doing of fieldwork somehow separates the researcher from those being studied, making of the ethnographer an 'outsider.' Some regard this 'distance' as crucial and necessary because it is seen to provide objectivity to what they see as an essentially 'scientific' pursuit.

As Stoddart has pointed out, ethnographers share a concern that their presence in a setting not "taint" the behaviour occurring within it. In order to avoid this dilemma, the researcher is said to present him or herself as "invisible," as one who shows no "symbolic attachment" to the events and people under observation and who masks "identity as an ethnographer" (n.d. 8-9). Thus, the fieldworker tries to capture the "natural" state of the world being observed, "preserving" it from artificial or "tainted" perceptions. As my role within some of the fieldwork settings was that of
participant observer action-sociologist, there to assist and use my analysis of the situation in an interactive way with the perceptions of others, the dilemma of "preserving" the world in its "natural" state did not arise in quite the same way as Stoddart notes. Olesen and Whittaker point to another issue raised in the fieldwork experience:

Obviously, where data are gathered through both interaction and the researcher's own involvement it is imperative that the reader know the nature of these processes (1968:20).

But why is it "obvious" and "imperative?" Is it a necessary methodological process by which researchers rationalize their actions to account to informants or to peers? Stoddart claims that the world recreated out of the data must be believable to colleagues and other ethnographers. Olesen and Whittaker claim that it must be done to show the process of "knowledge production," again presumably to colleagues and not necessarily to informants, although this may be implied. The language in which events are recounted, in many senses tells the story of what went on. If the account is provided in jargonistic ways, the currency of exchange, then perhaps the language used tells a different kind of story than that told by the informants themselves.

For many ethnographers, there is the problem not only of how to tell colleagues how it 'really was,' but also how to permit informants to recognize some parts of their own lives in the work. Translations are often necessary for both groups.
The language used does indeed tell the story; it perhaps becomes the story. If this document had been written for informants, its form would have been different with respect to language, manner of presentation, style, length, and content. Speaking broadly, it would have looked more like a 'how to' book. For a further example, taking the "Crime and the Elderly" study I conducted in 1978, its objectives were threefold: first, to identify crimes against the old by asking them and their care-providers to share with me their experiences; second, the frequency and types of crime were detailed; third, prevention techniques were devised and presented, in both written form and through workshops, helping older persons avoid victimization in the future. The goal of that work was to use sociological techniques to acquire and document information, then to suggest strategies for change. I used an action sociological framework to help a community deal with problems its members had identified. This and much of my other work has been presented in the form of a 'how to' approach, it has been prescriptive and well as descriptive.

It appeared from my fieldwork experience that people behave towards each other in ways which are acceptable and familiar to them. For example, for many people who acted as informants, I became a sort of surrogate grandchild. Some would say things like "oh yes, my grand-daughter is also at university," or "my, fancy a girl getting a Ph.D. In my day, we couldn't have done that. Must tell my daughter." People had
to do work to make sense of my interactions with them. Often they did so by choosing a role which was familiar to them such as 'friend,' or 'social worker' or 'gerontologist.' For many of the older people I worked with, the role of 'friend' was not totally acceptable to them without a 'parental' type addition to it. In this way, some of our interactions took the form of advice and I was counselled on matters which were "different when I was your age" and "now that I am old enough to be your mother or father." The realization that certain expectations are in effect for people of different ages is constantly invoked as a resource in my relationships with older people. The provision of advice and the passing on of life experiences in some way legitimizes the relationship between a 'young' sociologist and an 'old' person. The role of ethnographer was easier to 'pull off' in gerontological settings. Professionals and academics recognize researchers and respect individuals who say that they are in a setting to 'do a study.' Also, in these settings I 'blended in;' it was appropriate for people who looked and acted like I did to be in that setting. On the other hand, when I conducted work with older persons, I stuck out like 'a sore thumb.' For example, when I attended seniors' centres, I would often be the only younger looking person in the room and would be received with comments such as "what are you doing here?" or "surely you want the activity room for young people." As I became more familiar to and accepted by people in the settings, I was
expected to 'know' what behaviours were appropriate and sometimes to tell other 'newcomers' what I had learned. For example, after I had attended a community centre in the downtown area of Vancouver to conduct observations and interviews on the needs of seniors in 1981, a counsellor would refer new people to me, saying "see that woman over there with the note book? Ask her where the lunchroom is," or "Jeanette has been around for a while now; she'll help you get into the right line up for the bus card."

In some settings, my presence was accepted and utilized in ways other than I had originally intended. Sometimes it was less welcome. For example, I had asked for and had been given permission to speak to a group of ethnic seniors who live in an institution. I was told by the social worker in charge that the seniors "would love" to talk to me (about their needs). When I arrived I was introduced, and then was greeted with grunts and groans which led me to suspect that I was not welcome. When I asked one of the old men if I was interrupting some activity, he informed me that "this is our story telling time and I was going to tell them all about Jerusalem." Another woman informed me "this is our special time. You are nice but we don't want to talk to you now." In this instance, I decided to leave the setting and return at a more suitable time.

After completing my first piece of research on aging in 1976, I drew some conclusions based upon my fieldwork
experience. To some extent, they are as true now as they were then:

The most important thing I learned from this research was how to better understand and communicate with older people. When I first began to interview older citizens I felt as though every one of my learned means of communication were useless or had ceased to function. Some I talked with could not see very well and my usual communication through eye contact, body, and facial expressions was not related to. Others had difficulty with hearing and I found myself shouting and using exaggerated facial and body expressions.

When attempting to make my remarks clearer I found myself speaking as I would to a child yet also making analogies to events, people or things which as a child I had understood. In retrospect, I think that I behaved this way because it has been in my experience to be a child but I have yet to be an older person.

When I had become aware of my own behaviour, I was able to see the difficulties I was experiencing in communicating with older people was as much my responsibility as it was their seeming inability to understand me.

Once I had acknowledged in myself the stereotypical way in which I was relating -- being independent, young and impatient -- I could, through giving up these learned roles, be more open to experiencing the people as they were. I found they were as varied and interesting as any other age group with whom I had come into contact (Auger 1976:36).

The Analysis of Written Texts, Documents, Questionnaires and Interviews

The methods I used to collect data for this thesis included taking field notes of observed activities and the organizational features of physical settings, tape-
recording conversations, proceedings of meetings, conferences, workshops, and so on. Written materials which dealt with gerontology and old age were collected, contextually analyzed and indexed onto cards listed under author, title and subject.

In some instances, entire tape-recorded events were transcribed into written accounts. In other cases, specific segments of material only were selected. I thus collected data which represented routinely occurring interactions taking place in a variety of social settings. I then selected those pieces of activity which I felt most appropriately fitted the subject under discussion, namely, the social construction of agedness.

Taking my original assumption that old age is a socially constructed phenomenon, I sought to discover if this was indeed so, and if so, how it was accomplished in the daily life activities of gerontologists, older persons, and others. The data collected was then examined to see what themes emerged from it. In this sense, the contents of the thesis are grounded in the data itself, in a similar way to the "grounded theory" of Glazer and Strauss which they define as the "discovery of theory from data" (1967:14), instead of an a priori situation in which the theory suggests where to look for data.

The materials suggest that old age is a socially constructed phenomenon invoked by members in a variety of ways as they go about routine daily affairs. Notions of old age
are seen to be differentially produced by older persons and gerontologists. The data suggest that these contrasting realities of aging play an important role both in social programs, policies, and services designed to assist the old, and with respect to the general attitudes towards older people held by their families, friends, and cohorts as well as other age groups with whom they come into contact.

Although my reasons for attending events in which gerontology was being accomplished were not necessarily different from others who attended, i.e. I too was there to hear the guest speakers, gain and provide information, converse with others, decide goals and objectives and so on, I also attended as one who collected data which explains and accounts for the phenomenon being studied. Thus, what Schutz calls my "system of relevances" was probably different from those of others who also occupied the settings. As Schutz formulates it, what I observe as a common sense member is different from what I observe as a social scientist:

Scientific thought objects are different from common-sense thought objects, they are constructed to be typical of whatever is being studied...What is taken for granted in the biographical situation of daily life may become questionable for the scientist (1973:37).

In other words, the everyday world of the gerontologist becomes not only a taken-for-granted one, but also one which needs to be explicated as concrete phenomenon.
In this way, the activities which occurred within these settings were seen by me as topics for investigation. As a sociologist, my role in the settings was also to explicate and describe the production and reproduction of gerontology and old age as accomplishments of those present. Thus, my own experiences as a member of a shared society of persons interested in gerontology enabled me to recognize activities as the social construction of these phenomena.

The data were gathered during the past six years on numerous occasions and in a variety of social settings. Materials collected include the following. From 1976-1982, lectures, tapes of presentations, papers and discussions held at various conferences and meetings were compiled in either written or audio-tape form. During this time, field notes were taken which recorded activities taking place at conferences, meetings, workshops, seminars, and in everyday life situations. Various forms of written materials such as books, journals, papers, magazines, newspapers, course outlines, articles, conference proceedings and letters were collected.

During the years 1976-1982, I was involved as a researcher on a number of projects dealing with seniors. While engaged in this work, I also took field notes of my observations on the social construction of agedness in settings which included the following.

In 1976, thirty-six interviews were conducted with older persons and administrators of community centres regarding
facilities offered to seniors. These interviews were tape-recorded in most cases. The settings in which the interviews took place were twenty-two community centres in the Greater Vancouver area, older persons' own homes, and the administrative offices of the Vancouver Parks Board, which are responsible for funding programs to seniors.

The objectives of this research, funded by the British Columbia Department of Labour, were to document the decision-making processes by which programs for older adults were organized at community centres. Respondents were asked a series of questions concerning their opinions of programs and services offered through the centres. As well as interviews, I also collected field notes based upon observations of various activities which took place, and from informal discussions with the participants.

In 1977-78, eight hours of audio-tape were recorded with members of a family who discussed the role of the aged within their social group. These interviews and discussions were recorded in a personal care home in North Vancouver and at various family members' homes. These data were collected as part of the course work for Sociology 502, Family Interaction Systems. It was gathered over a six month period in informal settings where these family members came together. I explained that I was interested in recording their talk, especially that which dealt with the topic of old age. As well as large groupings of six or more members, I also recorded
conversations with a grandmother and her granddaughter, an elderly mother and her daughter, and a younger mother and her daughter, in order to examine how each perceived the role of women through an intergenerational context.

In 1978-79, ninety-two questionnaire responses were collected which identified age and sex stereotypes. These questionnaires were distributed to university students. The objectives of this research were to identify age and sex stereotypes and to examine the work which such attitudes did in labelling persons in social interaction. Respondents were provided with a selection of quotations from various sources of literature in which the age and sex of the character was omitted. After reading the quotations, they were asked to fill in their choice of age and sex and to provide a written rationale for each choice. After the responses were collated and analyzed, I went back to the settings in which they were collected and discussed them with the students. These data (Auger 1978) were used to prepare the paper Making Sense of Aging which I presented at the Canadian Association of Gerontology meetings in Edmonton in 1978.

From May to December 1979, over one hundred interviews were conducted, in the Greater Vancouver area, with older persons and their families, care providers, police, and corrections personnel regarding crime against the elderly and strategies for prevention. This research was funded by the
Ministry of the Solicitor General through the Consultation Centre, B.C. Region. It was published by this government agency under the title *Growing Old Safely: Crime Prevention Techniques*. In 1979-80, forty-nine questionnaires were completed which aimed at identifying respondents' notions of what age is, and what it is not. These questionnaires were administered to groups of older persons, university students, and those participating in a health care course. This research was designed to raise the awareness of respondents towards the myths associated with old age. Participants were given sheets on which they were asked to complete a set of questions regarding age-related issues. The responses were used as a resource for discussion and analysis in three subsequent university courses.

In 1980, eleven interviews were recorded which discussed the history of gerontology in B.C. Those interviewed were persons involved within the field for varying amounts of time. They were asked questions about their own involvement within gerontology, how long they had been working in this area, and the types of involvement. They were asked to provide historical overviews of the field as they had experienced its growth and to predict its future. Some of the respondents were retired professionals, others were academic teachers or researchers, administrators, and social service providers currently working in this area. This research was conducted to provide a historical account of gerontology and to identify
some of the concerns of those who work directly in this field. As well as interview data, this research also provided many written materials which the informants agreed could be used for the thesis.

In 1981, one hundred and forty-five questionnaires were collected which asked both older persons and service providers to identify the needs of the old within B.C. Some of these questionnaires were completed with the assistance of a researcher, some were mailed. This research, funded through the Health Promotions directorate of the Federal Ministry of Health and Welfare, asked what needs were with respect to issues such as health, income, shelter, and transportation, and how these needs were actually being met. Questionnaires and tape-recorded interviews were conducted in a variety of settings where older people were known to congregate.

In 1982, informal discussions on the topic of an appropriate gerontology were tape-recorded and notes were taken as to what participants said. These discussions were recorded in June and July of 1982 at participants' homes and at the University of British Columbia. Participants were older persons and younger ones who work with and for the old. As this thesis began to take on a shape, it became clear that there was a great deal of difference between how older people envisioned the enterprise of gerontology and notions of old age generally and the conceptions of gerontologists. These discussions seemed necessary as a means of
suggesting a more appropriate model for the study of old age.

Naturally, not all of the data mentioned here have been used in this thesis. I present a description of some merely to inform the reader of its complexity and volume. Most of the data were gathered within the Greater Vancouver area with the exception of some of the field notes collected at various conference locations. When data is used in the thesis, I have included where, when, and how, (that is, in what form it was collected, as a field note, recorded interview, or reading, for example), to provide the reader with additional background information to the context in which the material was gathered.

Throughout my involvement in gerontology, I have recorded either in field note form or on audio tape all items of talk and behaviour which I saw as relevant to a description of gerontology or old age 'being done.' I have been fortunate in terms of my access to informants, all of whom were told that their interviews, observations, and comments may be used as part of the data for this thesis, with the exception of field note data. All persons interviewed and those who completed questionnaires were guaranteed anonymity. All names, except those of published authors or those presenting papers at public meetings, have been changed for the purpose of confidentiality.

I view gerontology and the world of the old as cultures different from my own. However, unlike the anthropologist who usually returns to live in his or her own culture, I will
ultimately participate in the culture of the old. I do already participate in the culture of the gerontologist. As an ethnographer, I view the written materials of the two groups as artifacts of their culture — items which display theories, formal and informal, about the topic of old agedness. I have used talk and actions as adequate descriptions of what is really happening. As Turner has pointed out, "utterances" are a behaviour which can do the work of describing activities so that:

At least some talk can be analyzed as the doing of activities, thus taking us at once beyond the naive view that perhaps at best talk merely 'reports' activities (1974:198).

Thus, when persons get together to talk about gerontology, they not only 'report' upon their thoughts about it, they also, through the speech act, provide for analysis their versions of what it might 'really' be. In this way, talk can be seen as the accomplishment of certain activities, namely as part of the doing of gerontology.

Foucault (1972) has noted the importance of discourse in the social production of knowledge. He writes not only of the written modes of the discursive process but also of the speech act itself. Because people speak about things, read about them, and engage in a discourse on them, they can be involved in a back and forth re-conceptualization or clarification of their own ideas in an exchange and communication with others.
It was proposed earlier that gerontologists help construct idiosyncratic notions of agedness. The topic of ideology will be discussed with respect to the role which it plays within the social production of knowledge as an analytic tool. An ideology is a system of shared ideas which motivate persons towards mutually agreed upon goals. It also represents the social consensus of a specific group, in this case gerontologists, about the nature of concepts held to be universally true for a given group of individuals. Ideology becomes in the words of Smith "a kind of practice in thinking about society. To think ideologically is therefore to think in a distinctive and describable way. Ideas, concepts, as such are not ideological. They are ideological by virtue of being used in ideological ways" (1975:2).

When one group of persons uses ideas to manipulate another they are frequently spoken of as serving a vested interest. The term used to refer to this process is "reinforcing the status quo." Berger speaks of this situation in the following way:

We speak of an ideology when a certain idea serves a vested interest in society. Very frequently, though not always, ideological systems distort social reality in order to come out where it is functional for them to do so (1963:111).
Clifford Geertz views the concept of ideology in a somewhat different way than the previously mentioned authors. For him, ideology is not an "entity in itself—an ordered system, of cultural symbols" but rather it is to be examined in its "social and psychological" context (1973:196). Arguing that the social sciences have chosen to view ideology in an evaluative, mostly pejorative way, Geertz suggests that before conclusions are reached as to how ideologies might be used, scientists first of all be able to recognize them in different ways. In particular he raises an awareness of how ideologies help structure situations through cultural patterns and symbols. Ideology then is a diversely defined concept.

When attempting to formulate and articulate a body of knowledge, basic assumptions about values, ethics, attitudes, and beliefs are made. In addition, ideas are discussed and exchanged as to what the knowledge will be and who will know it. These decisions are made implicitly in most cases, explicitly occasionally, as in the setting forth of goals and objectives of professional associations and in the planning of course curricula for special academic programs.

Gerontologists in their role as social scientists and practitioners have regarded older persons as a potential social problem which is in need of solution. The old are viewed in this way because, as their numbers increase, they are seen to require additional health and social services which would be financed predominantly through public funds.
The 'problem' is one of identifying what the potential needs will be, how the services will be funded and administered, and who will pay for these programs. The 'problem' is a 'social' one in that all wage earners, through taxes and resources, will be expected to contribute to the well-being of society's older members.

As more older persons and some gerontologists speak out against the view of old age as a primarily negative experience, so the discipline is shifting its ideological focus away from producing knowledge which reinforced old age as what Atchley has called "the beginning of the end" (1972:14) to viewing it as a potentially positive experience.

In many cases, the process of knowledge production is performed in social settings which exclude the presence, participation, and ideas of those who are 'being known.' In this case, the old are not usually granted access to the arena in which their lives and experiences become transferred into viable knowledge. When access is granted to the old, it very often has a different quality than that granted to the gerontologist and it often takes the form of tokenism. For example, when the old are invited to attend conferences, such as the 1982 Western Gerontological Society (WGS) meeting in San Diego, the conference publicity referred to inviting older persons to attend as "the true experts" on old age. Yet, in the call for papers to be presented -- papers being the material stuff, the subject matter to be heard and discussed
-- the old as "experts" were not invited to submit ideas, but "writers and researchers" were.

To further illustrate this notion of differential access, again using the WGS as an example, the editors of Generations (Winter 1981) published an article entitled "Gerontology: Its Past, Future and Present." The information for the article is based upon a symposium in which a "panel of leaders in the gerontology field" were asked for their responses to the future of gerontology. This panel of "experts" did not include the lay elderly and yet the objective of the symposium was the addressing of issues affecting them.

Through the gerontological enterprise, everyday life as it is lived by older persons is transformed and codified into data -- the stuff of science -- then re-created into official knowledge about old age. Through this process, as it is currently performed, it is possible, and I will argue likely, that the ideology implicit in the knowledge base of gerontology represents an elite viewpoint which is not necessarily shared by the old. This particular opinion is shared by other authors, among them Estes, who says:

What is important about ideologies is that they reflect the social position and socially determined values of their beholders and are only partial perspectives (1979:4).

Much of the gerontological work has focused on how the individual adjusts to his or her own aging, especially with respect to changes in social status and role. This work has
centred on what the individual has to do in order to cope with these life changes which Estes claims are "externally generated" (1979:6). In this sense, some of the 'problems' of the old, such as a loss of work and income through retirement, and all the factors so closely connected to a person's ability to earn money to afford goods and services, are 'personal' problems for them to resolve. They are observed by gerontologists as dealing with some of these problems through disengagement, activity, exchange, socio-environmental ways, or one of the conceptualizations contributed by the other main theoretical approaches to aging 'successfully.'

If the paradigms of gerontology posit the old as somehow responsible for their own misfortunes, then it is they and not 'society' who must adapt, adjust, or accept their changed status. The disengagement theory, which utilizes a functionalist approach, views old age as a necessary 'requirement or function of society.' The theory views growing old as an inevitable process which requires that older persons give up roles which they previously held in order that younger persons may find work and buy homes. In this way some of the theoretical approaches aimed at describing and predicting successful old age place the old in opposition to the young and tend to congruently depict them as victims.

If social life could be re-structured so that the old could remain as active or not, as they chose, the ideological framework of gerontology would need to shift from viewing the
old as being in a separate age unit based upon chronology to viewing them as complete and total participants within community structures.

Philibert has said that gerontologists base their ideological concerns about agedness on \textit{a priori} assumptions whereby what they do is seen as a "science" whose objective is to account for "facts." Through this process, it is assumed that aging is a "tangible phenomenon" that can be described and analyzed; such is the "nature" of the older person (1974:317). In this way, they treat all old persons as the 'objects' of inquiry, the 'phenomena' under study. Older persons are thus treated as a homogenous group which can be studied as a complete entity unto itself.

In his argument against the gerontological enterprise, because it is, in his definition, one which has ignored phenomenological data about aging, Philibert criticizes those who do this work on the grounds that:

They have believed that from the juxtaposition of genetic, biochemical, physiological, psychological, demographic, sociological and economic studies, an interdisciplinary, synthetic, integrated knowledge of human aging would emerge. Today we are becoming aware of the naivete of this projection -- even of the fragility of the hopes and convictions of those who nourished it (1974:307).

For Philibert, and others, an appropriate study of gerontology would include an investigation of the images of aging as reflected in popular literature, laws, the arts,
life-histories, religious doctrines, cultural rituals and so on. In this way, the ideological viewpoints of a variety of people towards old age would be matters of interest and inquiry and would thus act as data which would describe the many ways in which individuals create notions of old age.

It has been argued by Estes (1978, 1979), Marshall and Tindale (1978-79), Novak (1980), and Philbert (1974, 1977a, 1977b), among others, that some of what gerontologists do contains "structural or built-in interests" (Estes 1979:3). These interests have been termed "self-serving" by Illich (1977) and "contributory to a reinforcement of agist attitudes" by Kuhn (1978). It is said that gerontologists do some of their work to serve their own interests, but what could this statement mean? Surely it is not implied that such people ought to do work which does not in some way serve their own interests. Rather, the 'self-serving interests' argument seems to imply that at least some of what gerontologists do ought to be also in the best interests of others, especially the old.

If, as Lerner has said, "ideas are weapons" (1939:72) and ideologies are the accumulation of ideas of what Geertz calls "systems of interacting symbols...patterns of interwoven meanings" (1973:230), then the question is how ideologies work in setting forth goals and objectives, strategies for describing, explaining, and analyzing the world of the old. It can be said that ideologies as ways of thinking and acting about old age play an important part in the social production
of the knowledge of gerontology. It can be argued that gerontological ideologies of old age do their work in part through theories. If a gerontologist believes that his or her work helps the aged, that belief is ideological. Within this framework, I treat what gerontologists say and do as displaying "facts" and ideologies about life and growing old.

In response to questions I asked in 1980 regarding the history of gerontology in British Columbia, many noted that their work included 'helping' the old. This notion was invoked in a variety of ways by these particular respondents and is frequently brought up at conferences and meetings where the subject matter of gerontology is discussed.

Basic texts on gerontology also raise the issue of helping the old as a useful and important thing to do. Such materials often include chapters or sections on caring for aged parents, protective services for seniors, and caring for the old in the community. The terms 'help' and 'caring' seem to be synonymous with gerontology in the minds of many people. Part of the body of ideas which make up what many recognize as gerontology, is the ideological stance that helping and caring for the old is a major function. The notion of help thus becomes part of the rationale for becoming involved in gerontology. It also does the work of presenting the self as a caring and kind individual committed to the needs of others. In this instance, it is difficult to account for such an individual as primarily 'self-serving' because the notion of
helping implies that a person is, to some extent, in the service of others.

A distinction should be made here between the ideology of individuals and the ideology of a group. An individual may hold a variety of different opinions on many subjects. He or she will normally attempt to share and articulate, perhaps even argue these opinions with others. In the case of gerontology, we are interested in the ideas of the group even though the ideas may be presented to us by individuals. An illustration of the process of turning individual thoughts into group ideology will perhaps be useful here.

In the 1970's, as a member of the Committee on Aging of the Social Planning and Review Council of B.C. (SPARC), I was involved in policy discussion, formulation and subsequent implementation of the Long Term Care program which came into effect in the province in 1978. As a member of this planning group, I was required, along with my colleagues, to articulate and clarify our basic ideas about a policy which would enable unwell people to stay within their homes with support services for as long as possible. In order to produce plans for such a program, our individual ideas of equality for all persons in the health care field, of a shared commitment to care for the unwell, of a restructuring and reallocation of health care delivery systems and costs became what we as a group decided to call our ideology on long term care. When we met with provincial government officials, we used the term, ideology,
as a description of all the basic ideas which, as a group, we had agreed upon as important and relevant to our task, namely, formulation of policy.

I am suggesting that gerontologists, as a group, are involved in a similar process by which individual thoughts, feelings, and experiences become part of what can be recognized and supported by them as an ideology about their work and those they study, namely, the old. Further, the vehicles which maintain, reinforce and make visible ideological concerns about elderly people can be found in the theoretical paradigms of gerontological work. Theories, in part, are the mirrors which reflect views, predictions and prescriptions of old age as seen by social scientists and others.

The Social Theories of Aging

In order for knowledge to be visible, it has to be thought about, written down, spoken of, taught, learned, and compared with other knowledge. In our society, knowledge in its most correct and pristine form is seen as being situated within educational settings. People go to 'school' to learn to about their own and others lives. In this sense, knowledge about old age, as that made visible as a discipline within an academic milieu, is different from the knowledge of one who is old, who lives his or her life as an old person and who therefore knows about old age from experience.
I look at these two types of knowledge as somehow linked. Whereas the scientific, what I shall call professional or academic knowledge, is based upon observed and documented experience of many older persons, obtained from a variety of social settings and activities, the personal knowledge of the old is equally important to an understanding of the total aging process.

The French phenomenologist, Michel Philibert, suggested in a lecture given at the University of British Columbia that professionals in the aging field are attempting to "control" the lives of the aged population through what he calls "gerontologracy," which is "the power of the gerontologists who have scientific knowledge of the aging process" (1977). Philibert argues that:

Who knows, i.e. the gerontologists, have control and are on their way to increasing their power. If we do not take steps we will witness more control of the aged by the twenty first century.

To avoid such gerontologic control of the aged, Philibert suggests that we must utilize a phenomenological approach to the study of aging by:

deprofessionalizing care of the aged and by enhancing self esteem and respect amongst older persons so that they may be in control of their own lives.

In order to utilize the personal knowledge of the old within the gerontological enterprise as it is currently
performed in North America, the aspects of aging as a lived-by-member experience are codified, translated, and tabulated -- transformed into material recognizable as data which fits into a scientific body of knowledge, namely gerontology. It is through this process of reinterpreting people's lives to fit some other ordering that ideologies play an important role. Bailey reminds us that ideologies are "an organized set of convictions...which enforce inevitable value judgements" (1975:32). When choosing to look at some aspect of aging and not another, gerontologists are using a value judgement about what shall be known and what shall not. In this way, they make an ideological commitment to one avenue of inquiry over another.

What gerontologists say and do is their ideology, their 'facts' about life and growing old. Further, it is a function of their social background. This "knowledge at hand" (Schutz, 1973) influences and reinforces their ideological stance. Because of his or her "knowledge at hand" -- the material written by other scientists on the topic, the papers read, research conducted, lectures heard, films seen, and observations made -- the gerontologist is able to recognize everyday occurrences of oldness being done as data of gerontological interest and concern. It is through this process of connecting everyday events about old age into a more complex or different type of whole -- gerontology -- that gerontologists are able to claim to be 'expert' on matters
relevant to the old.

The topics which gerontologists address are taken, by the lay public as well as other professionals, to be those of major concern for the old and their care providers. In this sense facts are what gerontologists say facts are. Through social consensus they attempt to establish "scientific" truths about aging. What is it, then, this thing called ideology and how is it manifested in the gerontological enterprise? We can attend to this question by looking at what gerontologists actually do as part of their work. We recognize that at the outset the gerontologist has a system of ideas which are somehow relevant to the topic of old age. This does not necessarily mean that they are all first and foremost interested in the behaviour of older persons per se. The network of researchers and practitioners who do gerontological work includes sociologists, biologists, psychologists, social planners, anthropologists, social workers, geographers, adult educators, and the like. Some of the major theories in gerontology shows that their perspectives are borrowed from other disciplines. An examination of any conference materials focused upon gerontological topics shows that most participants and presenters are listed as members of a variety of interdisciplinary departments. Gerontology is seldom listed as a department or other type of specific work place. These already existing theoretical models were then applied to the study of older persons as one particular segment of society.
In this manner, older people were chosen as objects of study in order to support or refute a particular theory, not necessarily because of their chronological age or particular life experiences.

For example, the disengagement theory (Cumming and Henry, 1961) was formulated using a functionalist framework of inquiry which essentially asked what work or function growing old does. Part of the formulations of the theory postulated that, if growing old and issues said to be related to it, such as retirement, bereavement, poverty, ill health, and low income, is a necessary function of society in that it replaces older people with younger ones, especially in the work place, then the more successfully people age through a process of mutual and gradual disengagement, the more efficiently society continues to function. Old age and how it affects the equilibrium of society was then examined by utilizing an already existing body of social inquiry, namely functionalism. In this process, a decision had already been made; an ideology was already at work which suggested that old age was essentially part of functionalist theory and that it could explain some of the factors relevant to old age by utilizing a particular way of seeing -- an ideology.

Theories, then, are more than mere explanatory devices with predictive ability. They are also particular ways of looking at and reflecting visions of old age. The role which theories play in the social production of knowledge does the
work of legitimizing certain attitudes and beliefs about persons by positing them as more valid than "non-scientifically" obtained information. In addition, theories also help create "givens" by their selection of certain dominant variables as opposed to some others, which may not be recognizable outside the theoretical propositions. In this sense, theories can act as blinkers which allow the researcher to see only those phenomena framed within a limited and narrow sphere.

Major gerontological theories include disengagement, activity, socio-environmental, the aged as a subculture or minority group, aging as exchange, and age stratification theory. What these theories have in common is an attempt to describe, explain, and predict persons' ability to adapt to old age, known as "successful" aging. This process is also known as "adaptation to the role" or the "role theory" approach. Both of these avenues of thought suggest that, as people age, they must adjust to a variety of conditions which were not part of their previous social roles. In other words, the theorists make certain assumptions about a notion called successful aging and then seek to discover which particular personal or social characteristics can best account for it.

Disengagement Theory

The disengagement theory devised by Elaine Cumming and William Henry in 1961 is one of the most predominant in
gerontology. It attempts to explain the social organization of old age using a functionalist perspective, originally borrowed from the biological sciences. It asserts that the behaviour of all individuals within the social structure is the direct result of that system's need for balance or equilibrium. Using this framework, individuals are seen as parts of the social structure, and as such, must maintain order through various functional requirements. When the disengagement theory is specifically applied to aging, it is seen as an essential and necessary function of life in that growing older does the work of replacing the elderly with younger persons in certain positions in society, such as the work place, a particular economic disposition, and various family and social roles. This sort of replacement of the old with the young is seen to be a functional prerequisite for maintaining constant balance within the social system. The authors of the disengagement theory state:

In our theory, aging is an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to (1961:14).

The authors see disengagement as inevitable because death is inevitable. Death as a function of the social structure must be incorporated into it without causing any disruption or risking the equilibrium of the system.

According to disengagement theory, mandatory retirement,
and loss of income and social prestige can be seen as a necessary function of society in that it implies that this process is inevitable for all persons and exists in all cultures. The theory does the work of normalizing what ordinarily might be seen as disruptive, problematic, or dysfunctional. This notion of inevitability is stressed as one of the theory's major universal propositions, yet there is a great deal of information about the aging process in other cultures where people do not and cannot retire at a certain age, nor do they lose respect and prestige from others in society, as often happens in North America where so much emphasis is placed upon an individual's ability to be employed for pay. Good examples of works on aging in other cultures include the anthropological works of Arth (1968), Clark and Anderson (1967), Gutman (1974), Palmore (1975), and Stearns (1976), among others, as well as issues dealt with by International Federation on Aging periodicals and the United Nations World Assembly on Aging literature.

An informant who had agreed to speak with the students of a course I was teaching (U.B.C. September 1980), provided one of the more telling critiques of the disengagement theory in this way:

It suggests to me indifference. It sounds like they (the authors) are saying that old people are alone because they want to be, so let's leave them that way. I engage myself everyday. I'm seventy-four now and I feel younger and more interested in all sorts of things everyday.
What this informant and many like him are asserting is that they do not dis-engage, but perhaps re-engage themselves in things which they did not have time for during their working lives.

Because the disengagement theory uses a functionalist perspective, it cannot explain why and how some individuals do not withdraw or disengage from society as they grow older. Implicit in the functionalist view is the idea that society is normally constructed to operate smoothly. This structure requires that everyone behave in the same way at certain times in their lives, therefore individual needs and wishes cannot be dealt with by the theory when and if persons deviate from the expected behaviour.

Disengagement theory attempts an explanation of the necessity of withdrawal and why it is necessary to produce a system in which older people must be encouraged and expected to withdraw. Because the theory is concerned with an explanation of aging in functionalist terms, it does not explain how the older person perceives his or her aging process, especially in terms of enforced or involuntary disengagement. This theory sees successful aging as a process by which the individual accepts and plans in advance for the societal expectation of mutual withdrawal and loss of certain social roles. It also sees it as "natural, intrinsic, and typical." The tacit consequences of disengagement theory imply that older people should expect to alter their way of life
after age sixty-five. Further, the theory provides a rationale, via functionalism, as to why older persons should be excluded from mainstream activities within their communities. If, as the theory claims, mutual withdrawal benefits both the old and other aged individuals alike, then inactivity is to be encouraged in the old. Social services for the elderly would then be directed not towards assisting them in self determination or fuller community involvement, but to lives of diminished activity with respect to issues which concern them, their families, friends, and neighbors.

The vision of old age which the theory posits and condones would see the elderly segregated from the rest of society by virtue of chronological age and the assumed behaviours which go along with the passing of a particular number of years and of social practices such as retirement.

Activity Theory

In contrast, activity theory asserts that withdrawal is not intrinsic, natural, or typical, and that when it does occur, it is usually in opposition to the natural desires and needs of normal aging persons. The main ideas for the activity theory were first suggested by Havighurst and Albrecht in their publication *Older People* (1953). This reports a study undertaken by the authors on adjustment to old age. A group of persons aged sixty-five and over who lived in a midwestern town in the U.S.A. known as "Prairie City" were
interviewed on a variety of issues such as attitudes, activities, personal characteristics, and types of family structure. The responses provided the data from which the activity theory was formulated. In general, Havighurst and Albrecht concluded that:

A person with an active, achieving, and outward-directed way of life will be best satisfied to continue this life into old age, with only slight dimunition. Other people with a passive, dependent, home-centered way of life will be best satisfied with disengagement (1953:170).

Although the researchers were interested in tracing successful aging through a developmental framework, their ideas were later formulated into theory by Lemon, Bengston, and Peterson, Birren (1972), and Rose (1965), among others.

Lemon, Bengston, and Peterson, utilizing activity theory, hypothesized that there is a positive relationship between activity and life-satisfaction. Activity is seen as a period in which the individual holds a variety of social roles, and the hypothesis asserts that the greater the loss of roles, the lower the life satisfaction.

Activity provides various role supports necessary for reaffirming one's self-concept. The more intimate and the more frequent the activity, the more specific will be the role support (1972:515).

When the authors talk about "role supports," they refer to the process by which an individual chooses a role or set of roles,
and how this choice is supported by the audience. The notion of role support is concerned with interactionally rewarded credibility. Lemon, Bengston, and Peterson posit "life satisfaction" as "the degree to which one is presently content or pleased with his general life situation" (1974:513). They posit activity as "any regularized or patterned action or pursuit or personal maintenance" (1974:513). Therefore, unlike disengagement, activity theory suggests that persons are more likely to achieve successful aging if they do not withdraw or disengage from society. Activity theory also states that:

Except for the inevitable changes in biology and health, older people are the same as middle-aged people, with essentially the same psychological and social needs...The older person who ages optimally is the person who stays active and who manages to resist the shrinkage of his social world. He maintains the activities of middle age as long as possible and then finds substitutes for those activities he is forced to relinquish; substitutes for work when he is forced to retire; substitutes for friends and loved ones whom he loses by death (1972:161).

One of the problems with the activity theory lies in the notion that individuals can merely exchange one set of roles or activities for another. For many, replacement of the worker role is a very difficult one. Most individuals are not free to shape and re-shape their social roles, and for many, enforced retirement completely reduces the number of activities they could previously afford.
Gerontologists speak of role loss as one of the main disengagement features in the lives of older people. In this way, they are seen to have lost more opportunities to behave in certain ways: as employed persons due to enforced retirement; as relative, spouse or friend due to death, ill health or lack of income; as parent and provider to young children due to family members leaving home.

Because the activity theory relies on a developmental framework attempting to describe behaviour through the lifecycle as a series of pre-thought out steps, it cannot deal with the person's unplanned reactions to events such as retirement, loss, and ill health. Although developmentalists may claim that persons are in a constant state of preparing for the next stage of their development and are in a sense always 'learning to cope' with the next stage of life, very little research is done as to how individuals do this, if indeed they do. In response to questions raised about the status of older people in Canada by the National Advisory Council on Aging (1982) through the Social Planning and Review Council of B.C. Committee on Aging, an informant spoke this way about activity:

I always liked to watch TV when I was younger; watched it ever since we got one in the late 50's. I still like to do it now. I don't want no other activities but them I choose, just like all through my life. I'm happy doing what I like and chooses to do, always have been.

Another said:
I'm more active now than I've ever been... I think it's because I never really enjoyed my job. I was a high school teacher for thirty years, then I went into journalism. Now I really enjoy what I do. Working with seniors is great. I'm thankful that I found this type of work to do.

Contrary to what developmentalists say about life planning, many older persons assert that there is a lot more 'fate' to life and its happenings than psychology would suggest.

Activity theory, assuming that the more active a person is in later life, the more successfully he or she will deal with aging, is an idealistic vision of growing older. It is especially so for the scientist who studies it and believes that it can be used to safely predict behaviour. It is also unrealistic for those who believe that mere activity is not the only key to growing and changing with every passing year.

The Socio-Environmental Theory of Aging

This theory, proposed by Daniel J. Gubrium in *The Myth Of The Golden Years* (1973), was the result of research conducted in Detroit. The study explored the utility of combining environmental and individual concepts in analyzing the morale and life satisfaction of the aged. The theory asserts that successful aging is the result of the inter-relationship between an individual's social and environmental or physical worlds. In other words, an individual's life satisfaction is dependent upon not only success in social activities and
interactions with others, but also upon physical space, the settings in which he or she lives. Gubrium suggests that morale is heightened in an environment which is:

1) socially homogenous
2) close to shops, friends, relatives, church, community centers
3) locally protected from crime (1973:26).

He also suggests that social scientists ought to produce measurement scales for life-satisfaction and morale which include the older person's perceptions of his or her physical environment. The socio-environmental theory asserts that:

In order for persons to successfully cope with adjustment to old age they must live in supportive environments in which their individual resources allow them to manipulate unfavourable situations at their own speed (1973:27).

Unlike the other theorists so far discussed, Gubrium is critical of measurement scales, even though he uses them in his own work. He advocates the type of research which attempts to observe the social conditions of everyday life and to describe subsequent behaviours which affect the life-satisfaction differentially perceived by aging persons themselves.

It is difficult to be critical of the socio-environmental theory because it makes a great deal of common sense. Sociologists, in particular, ethnographers, interactionists, communications theorists, ecologists, and ethnomethodologists,
are acutely aware of the impact of physical space upon social interaction. Similarly, small groups researchers also determine how people orient their behaviour towards the physical environment. Because many older persons find themselves in institutionalized spaces, Gubrium's theory seems relevant. His book *Living and Dying in Murray Manor* (1975) provides an excellent account of life in an institution for the aged. It also explores his theory in more detail. Gubrium recognizes the crucial input of social interactions, cultural values, and meanings in dealing with old age, and, how differential perceptions and definitions of aging can affect individuals.

The Theory of the Aged as a Sub-Culture

In the theory of the aged as a sub-culture, Arnold Rose (1965) looks at the old in terms of an interactionist perspective. He begins by exploring the interactions between older individuals and other age groups in society.

According to Rose, a sub-culture emerges when one category of persons interacts more among themselves than with members of other categories.

This occurs under two sets of circumstances: (1) The members have a positive affinity for each other, e.g. gains to be had from each other, long-standing friendships, common backgrounds and interests, common problems and concerns. (2) The members are excluded from interaction with other groups in the population to some significant extent (1965:3).
Rose claims that demographic, ecological, and social organizational trends in North America are creating an environment for the aged which forces them into a sub-culture. He says that, due to the increase of elderly in the population and because of preventative medicine and advances in health care technology, more persons are actively able to enter a sub-culture. Other conditions which cause the aged to become a sub-culture are cited by Rose as being segregated housing arrangements, retirement policies, development of social services which bring older people together and the increased use of recreational facilities designed solely for the aged. These factors and others explain, according to Rose, how it is that the aged constitute a sub-culture. Using this interactionist approach, one can claim that older people are forced to interact with each other more frequently than with other age groups.

One of the problems with this particular theoretical framework is that we do not see evidence in all old people's lives of social interaction being solely with their age peer group. The nature of these theories is to provide generalized, universal statements about old age. Because they are in this sense quantitative, they cannot offer qualitative descriptions. It has been my experience that most older people interact across generational lines, and many state that they prefer the company of younger people to older ones.

A participant in the UBC Summer Program for Retired
Persons (1982) told me:

I like to come here but I get kind of fed up with all these old people. That's why I come and listen to you. It's nice to hear from someone younger what you think about us. Most of my friends are young people. My thoughts are more similar to the younger generation.

The theory implies that old people identify themselves primarily as 'old' and that it is this visible characteristic which brings them together. Experiences have shown that older people think of themselves foremost as individuals and only secondly as 'older' ones. A conversation with a seniors' advocate in 1982 asserted this notion:

I don't think of myself as old, just older. When I do think about myself as something, I think of me as a retired health care worker. Being retired is a clue to my age, but I don't have any feelings about this one way or another. I'm still me and that is ageless to a great degree.

According to this informant, the membership categorization device "old" is an inappropriate one for how she feels and behaves as an individual. In her attempt to assert the more socially acceptable category which displays not age but individualism -- the "me" in her statement -- she claims that her image of self is "ageless" and thus she exhibits a reluctance to accept the label "old."

Rose asserts that when old people congregate in a living or recreational space they will interact out of a common bond of old age. Yet, many informants working with seniors say, it
is very difficult to get them to talk with each other. The explanation cited suggests that older persons were sent to such settings by well-meaning family, friends, or social workers. One "feisty old bird," as she was referred to by the social worker of an institution in Victoria, said:

They are always trying to get you to do something — painting, or carpet bowling, or making toys for the kids. To hell with them I say, I never asked to be put in here and I am damned if I'll mess about with these old biddies they've got in here (1979).

A seniors' advocate and author of a column for the elderly in a local newspaper also viewed the aged as a sub-culture for at least three reasons:

1) Age — they are all sixty-five years or more.
2) Ritual — pensions, seeing themselves and others as old and acting the way they think they should act.
3) Common experiences — historical experiences like the two world wars, no radio or TV, only newspapers then, depressions, changes in technology. Then there were cultural styles they shared — dress, music, religion, what we now call 'life-styles.' All of these things put the aged into a sub-culture. (Chuck Bayley: lecture to Sociology 450, UBC, November 13, 1981).

These characteristics were part of a member's theory of the aged as a sub-culture and they are shared by many of his peers.
Theory Of The Aged As A Minority Group

This theory bears some similarity to the one just discussed in that it too relies on an interactionist framework. Put forward by Barron it describes the minority group characteristics of the aged in the following way:

1) They're viewed by some as a menace and a group to fear; 2) they experience prejudice and stereotyping in employment; they possess feelings of self-consciousness and defensiveness; 3) they benefit from antidiscrimination legislation paralleling that for ethnic minorities (1953:477).

Palmore agreed with Barron's theory and added:

There is more prejudice, segregation and discrimination directed towards the aged than towards other oppressed persons such as women, children and ethnics (1977:38).

Streib (1965) suggests that the aged are discriminated against on the basis of a shared common biological characteristic. Using this theory, like other forms of discrimination, old age depends upon the visibility of personal characteristics. If older people do not 'look their age,' then supposedly they are not discriminated against. Streib argues that because the aged are underprivileged and that this becomes exacerbated as they age, they are also a deprived group. He adds, "the more modern the society, the more true this is" (1965:315).

The problem with both the aged as a sub-culture approach and as a minority group has to do with definitions and who
labels whom. If we think of the aged as belonging to a specialized group, rather than as mainstream members who just happen to be older than some others, how does this attitude affect interactions with them and do they identify themselves as members of a particular group? If they do, what presentation of self must they make to be accounted for as 'such and such' a group member? This labelling process is always a problem for most of us throughout our lives. It is perhaps especially frustrating for older people because of the negative stereotyping which exists towards people in their age group. As one informant, a member of a local Seniors' Network, told me in an interview in 1982:

It is very bad, you know. We are too old for some things, nearly old enough for others, and too young, if we don't carry our bus pass, for others. When I was in my fifties, after my husband died, I couldn't get the OAS (old age security) because I was too young. When his pension ran out and I was in my sixties, I couldn't get the welfare because I was too old. I never seem to get in at the right age! Some folk think that we get too much at our age, others think we don't get enough. It's those darned labels, you know -- how old do you think I am...and what has it got to do with how I feel?

I interpret this informant as saying that, if we label people as members of a group, be it ethnic, religious, gender, or age, we do a disservice to them as unique individuals, who, for perhaps only a portion of their lives as total persons are targets for an often pejorative label. The notion of belonging to a "minority" group signifies stigma or somehow powerless
persons. We tend not to speak of politicians, executives, and professionals as members of minority groups.

The Theory of Aging And Social Exchange

This theory has recently been reconceptualized by James Dowd (1979, 1980). It assumes that all interactions rest on an exchange of rewards and costs which maintain "profit:"

The basic assumption underlying much of the research collectively known as exchange theory is that interaction between individuals or collectives can be characterized as "attempts to maximize rewards, both material and non-material" (Knipe, 1971). In effect, all behaviour entails costs even if the cost involved is only the probability of rewards that are associated with the activity other than the activity being presently pursued (1980:102-3).

When applying this theory to old age and the notion of successful aging, Dowd claims that decreased social interaction is the eventual result of a series of exchange relationships in which:

the relative power of the aged vis-a-vis their social environment is gradually diminished until all that remains of their power resources is the humble capacity to comply. (1980:104).

For Dowd, the aged represent a decreasing power source, therefore their ability to exchange goods, services experiences and resources for profit is lessened:
Where once the now-retired worker was able to exchange expertise for needed wages, the final exchange required of most older workers would be their compliance, in the form of acquiescence to mandatory retirement as exchange for sustenance (1980:104).

In summarizing his theoretical assumptions to the exchange rates of older persons, he concludes that the old have very little to exchange which is of any instrumental value. If persons are viewed as worthy in terms of money, material possessions, and political power then it is possible that their potential for exchange is less than those of other age groups. However, depending on the type of interaction taking place, the rewards and costs may be differently defined. An ex-businessperson's experience may be very beneficial to someone currently involved in this field but less rewarding elsewhere. Some skills do not become "outmoded" and indeed "retired" workers are often invited back into the work force.

Dowd adopts some notions from development and learning theories that imply there is a time when learning ceases. Studies in adult socialization suggest otherwise. Interviews I conducted have shown that the opposite is indeed true for a great number of older people. Stories constantly revealed eighty-one year olds learning to make and sell weaving, pottery, and sculpture; many "retired" professors who now teach subjects which they did not when they were "paid" for their work; a conductor of music who scolded me when I suggested
that I was "too old" to train my ear so that I could play an instrument, claiming "I was sixty-two when I took up music. Now at sixty-eight I conduct the Victoria Bach orchestra and choir. So don't ever say that you are too old."

The Age-Stratification Theory

This theory, put forward by Riley, Johnson, and Foner (1972) is similar to the aging as a sub-culture perspective in that it suggests that old people represent a particular strata or sub-group within society. An age-cohort analysis is used which assumes that because old people were born during approximately the same time period, they share similar ideas, attitudes, and values common to their particular cultural and historical times:

Because of age grading, birth cohorts - people born during the same interval in history - tend to develop a subculture of their own. They tend to become cohort-centric, they tend to select friends and marriages from among age mates and collectively to interpret the various stages of life from the standpoint of the historical era in which they experienced it (1972:22).

This theory is primarily interested in the processes by which different distinct age-strata are produced, and in the types of interactions which take place between generations. Most of the age-cohort research on attitudes towards a variety of subjects, such as religion, politics, and marriage, shows there is a great disparity from group to group.
The age-stratification theory asserts that all old people share certain social and personal characteristics, despite some individual variance. In short, social roles and regulations are invariant. The work of the theory is to try to link up the structural elements to see what affect combined factors have on the aging process. In this manner, this particular theory is similar to the socio-environmental approach. The age-stratification theory attempts to build a model of old age accounting for all its parts and components. In this way it offers perhaps the most extensive overview of all the theories of gerontology.

These theories are gerontologists' means of exploring old age, especially the notion of 'successful aging.' Some questions still remain. Can people age 'unsuccessfully,' and if so, how would we recognize this? Is the gerontologist's fascination with successful aging an attempt to produce a predictive model, albeit value judgemental, of 'good' old people, which all of us can follow? Or, is it a means to acquire power over the old, as some authors already cited have suggested? In producing and maintaining theories and 'facts' about aging, gerontologists are creating social realities which ultimately extend beyond their academic work places:

Our knowledge is having real effects on real people...and we must come to terms with the recognition that "facts" ultimately reside in the producers of knowledge and that such knowledge has social and political consequences (emphasis mine, Estes 1978:49).
Gerontological theories tend to view old age as a social problem, either for the old personally in terms of their ability to cope with aging, or for society in its ability to cope with an increasing aged population. By so doing, they can help create myths and labels which are discriminatory in nature. Ironically, these theories and the ideological perspectives inherent within them also do the work of labelling gerontologists, be they academics or professionals, in equally negative ways. As journalist Sharon Curtin puts it:

There is a prestigious Senate Committee on Aging which holds frequent hearings into the special problems of the old. But I wonder what all this activity really amounts to? I wonder what real difference it makes that seventeen specialists in the field of gerontology appeared before a senate committee and said...They just keep saying over and over "Ain't it awful." I see nothing new coming from the eminent gerontologist - sociologist - psychologists who all suffer from the same blindness and poverty of imagination (1972:217-8).

Some analysts claim that theories are "restraining myths" (Hamilton 1975) which, although they may be unsubstantiated by empirical data, are still treated as "true" because a "scientific" community has deemed them to be worthy of investigation. The implication here is that if professionals believe in disengagement or activity as a good thing to do in the later years, then less knowledgeable or at least less scientifically oriented people believe it too. What Hamilton says of theories in general is also true for gerontological
theories. Even though each theory has been disputed by other scholars frequently on both empirical and methodological grounds, they still appear in every new text book on aging and are always included in courses on gerontology. Although I too question their usefulness as universal statements about growing old, they nonetheless provide a historical overview of key themes in the development of gerontology as a culture. They introduce students to theoretical perspectives found in some of the inter-disciplines within gerontology, especially sociology and psychology, and they present for analysis some of the major methodological concepts in gerontological research such as life-satisfaction, morale, quality of life, and successful aging. The theories also display part of the ideological base upon which gerontology is founded. Marshall and Tindale point out that through gerontological ideology the aging individual's

...moral or life satisfaction, adjustment to the social system or interaction with it provide the key themes in social gerontology...The overwhelming thrust of gerontology in practice, and gerontological theory, concerns the adaptation or adjustment of aging individuals to the prevailing social reality (1978:164).

The existing theoretical paradigms of gerontology present a "reality" which is basically "good" and in which the old need to be adjusted in order to "fit" into it. The social rules and practices are thus not questioned whereas the roles of the old within it are.
Gerontologists are able to deduce logical inferences from one social form, oldness, into other social forms such as gerontology. The demographic profile of a given community, the health status of particular individuals, the housing needs of others -- these realities, thoughts or ideas become recognized and constituted as the stuff of gerontology. Within these ideas are methods for generating facts and information about a given issue. It is in this sense that Smith speaks of ideology as a methodology, as a particular way of ordering the social world though which "what ought to be explained is treated as fact or assumption" (1975:9). For example, instead of beginning with the assumption that old age and the social practices associated with it are a necessary function within society, as the disengagement theory does, it could be asked instead 'what work does old age do in our society?' If we take this particular task to hand by looking at how old age gets done in everyday life by assorted actors, it becomes whatever people say and do which displays them constructing old agedness. We take then a different kind of ideological stance in this case.

In order to put into action a system of ideas about old age, gerontologists, like all professionals or scientists, use a special language to communicate with one another and with non-gerontologists. This special language, be it spoken or written, is what Smith (1975) calls a "currency of exchange," a particular way of speaking about observed everyday events
which displays one as a specialist. We use the gerontological currency when we wish to present ourselves as someone familiar with and perhaps expert at a particular task, namely, producing knowledge about old age. Language, as a manifestation of thoughts and ideas of a particular kind, of knowing the currency rate, is one way in which ideology is made visible. For the gerontologist, an everyday event such as attending a community centre, might be translated into age-cohort activity, or the use of leisure time, or acting with an age role, for example.

When the language, or jargon as it is often termed, is in the form of written material, it does the work of providing an example of what gerontology is. Their work, be it research, writing, speaking at conferences, or organizing programs and services, are displays of gerontology. These features of speaking, writing, and doing are part of the social organization and production of the knowledge of gerontologists as well as their ideologies about old people. It is in this sense that what people say is a reflection of what people actually do. What people say and do are examples of how they think.

The ideology displayed through the theories of gerontology have political consequences because they tend to generate more data in their own name, thus they are held to be 'factual' and scientific 'truths' about aging. They also help to bring about action and to shape policy decisions because
one group of 'experts,' namely bureaucrats and planners, accepts the knowledge of others, namely social scientists and professionals in the field of aging. Theories also have political consequences in that they reinforce ambiguity where clarity and an understanding of the old from a phenomenological approach may provide more appropriate descriptions of how it is to age.
Gerontologists note that their work is intended to help the aged. This help is seen to be provided generally through a process which makes the old more visible by creating more awareness of them and their lives through such things as research, literature, public talks, and meetings. Specifically help is seen to be given by focusing on special issues said to affect the old, such as the need for adequate health care, housing, income, and nutrition. Help is part of the ideological structure, the system of ideas by which gerontology is socially produced and maintained. It is used as an organizing principal, an operational imperative by which some gerontological work is performed. Some of the ways gerontologists claim to help the old are through their encouragement of self determinism, through raising issues which affect them as "social problems," through consultative work and research efforts.

In order to provide help in this situation, a decision must be made by the helper as to whether the person being helped requires assistance. The requirements for the provision of help are based upon the agency creating a "normal" person who presumably lives his or her life without help; the "client's" needs are measured against this normal person's ability to function "properly."

The decision to provide help is normally made by one
person, usually the individual's physician or a social worker.

As the following informant states, the helpers subsequently assigned can come from a variety of professions:

Well, after we have sent in an assessor to check what the client really needs -- they are usually public health nurses or social workers so they know what to look for -- then we can provide all sorts of help. Maybe a homemaker needs to go in, maybe a VON nurse or some other public nurse, maybe a social worker. Sometimes they get Meals on Wheels. Maybe they need the Handidart bus to take them on a business visit. Maybe they need to get to an adult day care centre, and then we need to arrange for them to be registered and then to have someone pick them up, take them to the centre and then bring them back home. A lot of people can be sent in to help the client out (interview, June 18, 1982).

As this informant points out, the helpers can offer a wide variety of social services. Help can be seen as a multi-professional endeavour. Gerontology is cited by many of its authors as multi-disciplinary in its scope and direction. In this way, the social needs of the old who require assistance are seen to be met by various professional agencies. This multifaceted approach to helping is discussed by Illich in the following way:

Needs...coalesce into what the experts call a "multidisciplinary problem," necessitating, therefore, a multi-professional solution (1977:25).

When the old are seen to need assistance, a team of helpers such as doctors, home makers, social workers, and the clergy,
are brought into their lives to provide, or take over, activities which the individual used to do for him or herself.

There is a common sense notion in our society which is backed up by government policy at all levels, that all people should be entitled to live a good life with adequate food, shelter, income, and health care. When people are unable to meet these requirements through their own resources, professionals become the architects and gatekeepers of how this life can be made into a good one. Their notion of 'good' is determined by what services and programs are currently available within a given organization or government policy, not on other things which an individual might also require such as the right to continue to be employed, the opportunity to remain active in educational and leisure activities, and the expectation of support in attempts to be involved in community and political affairs.

Because many government policies are aimed at the 'good' of all the people, they can be subject to withdrawal at any given time, dependent on the political party in power. Whereas the province of British Columbia offered assistance to persons with low incomes through the Renters Tax Credit in 1975, in 1983, the government decided that this tax credit was too expensive for the rest of the province to pay for and it was removed. The good life thus can vary in definition depending upon the political and economic realities as well as
I conducted research in 1981 on the needs of Vancouver's older citizens, funded through the Health Promotions Directorate of the federal Ministry of Health and Welfare. One of the things which many older people asked for, in terms of help, was home repair work, gardening, shopping, car maintenance, and being accompanied on walks. These activities are not defined as necessary for living a good life by either the Ministry of Human Resources or the Homemakers Association. Even though living in a clean, tidy home may enhance satisfaction and in the case of the partially impaired, assist in mobility around the house, it cannot be provided by the social services system. These individuals were independent, so they were not already registered with a social service agency, even though they had similar needs to those already serviced by the helping professions.

The notion of needs is closely linked to the concept of help within both the gerontological paradigm and the social services system. Needs are the behaviours which, once identified by research or practice, can be translated into helping strategies. For help with cleaning, cooking, or health maintenance, for example, if these needs are legitimized by the individual's doctor, family, or clergy, the social services system can be called upon to assign a helper. Needs and their identification play an important role in the definition and provision of help in that what comes to be
accounted for as a need is often created by the social services system. In this way, the question asked is whether an individual needs a particular service, rather than asking that individual 'what do you need?' Thus, it is the system's ability to adequately help which is evaluated by the consumer.

The Encouragement of Self Determination

In the case of those people registered in the social services system, help is provided and perceived to be needed on the basis of what the system can offer, not necessarily in terms of what the client may require. Other types of people — those not registered with a social services agency — can perhaps find self-help. The notion of self-help seems to present an ironical situation. If we do not help our 'selves,' who do we help? However, the term self-help generally holds a different type of meaning which is the use of the self and personal resources in the assistance of others with similar experiences, usually in the form of troubles.

Persons with troubles such as alcoholism, overeating, health problems, marital concerns, sexual difficulties, physical and mental disabilities, and other related issues have formed and joined self-help groups such as Alcoholics Anonymous, Arthritis Foundations, Associations for the Blind and Deaf, Women's Health Collectives, homophile groups, and Gray Panther organizations.

Gartner and Frank suggest that self-help groups have
become popular because of the helping professions' lack of efficient and effective services delivery:

...Self-help mutual aid groups have developed, in large measure, because of the unwillingness and inability of professional organizations to deal with these and other problems, and because of such organizations overly intellectualized orientation, excessive credentialism, and limited reach in regard to various populations (1977:12).

When the helping professions can no longer provide assistance to those in need, for whatever reasons, mutual aid or self-help groups are created by and for individuals who share similar kinds of troubles. In these cases, assistance from others who have lived through similar troubles seems to be more effective.

When gerontologists claim that their work is helping the old, it is not always clear how this is done and who is asking for assistance. Atchley (1980) has said that gerontological researchers collect data which helps gerontological practitioners, especially in the fields of medicine and social work. In turn, this help provided to the old through research findings is assumed to assist them. My own experiences tend to call this claim into dispute.

When I co-ordinated the Festival Celebrating Aging in 1982, one of the seniors on the planning committee constantly referred to me as "here not because she is a gerontologist, but in spite of it." At the final meeting of the planning committee, after the festival was over and it was being
evaluated, this same person said:

Well, I wasn't so sure it would work with Jeanette being a professional and a gerontologist. But she let us do our own thing pretty well and we really did do it by ourselves with her support (July 3, 1982).

The assumption which this informant expressed was that "professionals" and "gerontologists" in particular tend to take over the activities of the old so that it is they who receive credit for the activity and not the older persons involved. Seniors' groups in British Columbia have coined the expression "by seniors, for seniors, with staff support" as their way of showing helpers that they wish to determine their own affairs whenever possible. According to the Statistics Canada publication *Canada's Elderly* (1979), eighty-five percent of those aged sixty-five and over live independently in the community with no social service support. Approximately ten percent are in some need of the social services system and five percent are living within institutionalized settings, thus in need of total support. The key figure here is the eighty-five percent who are not in need of help from the social services system (which is not to say that these individuals may not need other kinds of help not provided by the system). If gerontologists are seeking to help the old through their work, it would appear to be this fifteen percent of the so-called 'dependent' elderly who are the beneficiaries. These individuals are also the targets for help
because they have already been identified as people in need of assistance. In this sense, they are visible "helpees" unlike the independent elderly who have not yet been identified by the system.

In order to invoke a notion like 'help,' one needs to make many assumptions which include that someone cannot cope with some aspect of his or her life without assistance; that those individuals can be identified as needing help; and that with this assistance the troubles or problems can be resolved or at least changed in some fashion which will enable the seeker of help to better deal with them.

These assumptions about help, when used by the so-called "helping professions," are seen to be dealt with most appropriately by "scientific methods." As Bramer says:

The science portion of helping is concerned with descriptive data, predictions and generalizations about behaviour. Non-professional helpers, although lacking this sophisticated behavioural science background and skill training, often can apply helping principles in the intuitive, artistic fashion (1972:9).

Helping others to deal with troubles in their lives is seen by this author as a primarily professional endeavour for which one can be trained via a "scientific" paradigm of thought and action. Research on aging is regarded by many authors as beneficial to older persons, as Cohen writes:
Taken for granted is the relevance of such research in terms of its potential benefit for older people...New clues, new insights can be gained. Aging research can lead to new pieces of the puzzle about the human condition (1979:503).

Although the "benefits" of this research may be "taken for granted" by Cohen and some of his peers, they are not so obvious to many older people with whom I have spoken. At a recently held conference in Ottawa (National seminar of Non-Governmental Organization Concerned with Aging, Ottawa, February 5-7, 1982), one hundred people were brought together to discuss issues relevant to Canada's elderly. Of those present, sixty percent were aged sixty-five and over. I participated at these sessions and recorded some of the comments made by seniors with respect to research on aging. Here are a few examples from what they said:

Research, mesearch. It's nice and all that...you people, the academics and the like, are interested in studying us, but what help has it been for me. I still gotta live the same. You put some report out, you get more money, you move somewhere's nice, I still gotta live the same (representative from Winnipeg).

and:

This is bad, very bad. Too many dollars are wasted on this research. In Quebec all the time they research. 'Look at this one and that one' what for to look? No, this money is wasted. We need action not research (representative from Quebec).
You can keep your research. Gerontology is like a nasty wart on us, first it took just a little bit of tax payers' money, now it takes more. It does us no good, you get some experience because you talked with us. Us, we get studied. Doesn't seem fair to me, if they gave us the money to spend on programs and services, instead of giving it to those university people to study and talk, we would all be a lot happier (representative from British Columbia).

Whereas these people expressed a negative attitude towards research in gerontology, others attending, especially academics, service providers, and members of various gerontological organizations, felt that more research was needed on the aging population. The Canadian Association on Gerontology presented a brief entitled Canadian Issues to this assembly and this document, generally speaking, was an appeal for more research. For example, on page eight of this report the authors state:

The entire field is underdeveloped in knowledge base, and more critically for both the present and the long run, in research personnel. Progress towards filling in the substantive gaps might best be made by making funds of various kinds available for research training while at the same time continuing to fund research projects on the basis of research design excellence and proposed theoretical relevance (1982:8).

Whereas the older persons present at these meetings seemed to regard research on aging as an essentially non-useful and costly endeavour, in that it was not seen by them as helping to create changes in the lives of old people, it was perceived differently and in more positive ways by those who are in the
business of doing the research.

During these sessions in Ottawa, I spoke with some members of the British Columbia delegation about these seemingly contrary positions towards research. The general feeling expressed by most was that in time of financial restraint, money might be better spent on action-oriented programs which supported people's attempts to satisfy basic needs, rather than on theoretical possibilities for action. As one colleague said:

If we were more involved in what you do, what you study, it wouldn't be so bad. But most of them rattle on about things which most older people couldn't give a hoot about.

Another ironic turn of events, pointed out by another at these discussions, was that most older people are not aware of just how much money is given to researchers and academics to study populations:

I never realized that so many thousands of dollars were given away to university people and the like to study esoteric issues about old age. When I read in the Elder Statesman (a seniors' newspaper) and see who gets money to do what it just makes my blood boil. They ought to let seniors sit on those Canada Council and government agencies so that we can decide whether or not we want to be studied in these particular ways.

As is evident from what these people said, the "benefits" of research on aging are far from "taken for granted" by them.

One of the ways in which problems and concerns of the
old became recognizable as the work of gerontologists was through the involvement of persons already in the so-called caring and helping professions. Social workers, nurses and home-maker aides in particular, were confronted with the task of providing services to seniors in some kind of need, whether it was medical, psychological, financial, or emotional. An informant, a social worker who also teaches gerontology, told me these needs were identified through daily observation:

Well, I had students in the field in West Vancouver, especially in Horseshoe Bay. There were all these old men who lived in the sort of summer cottage shacks that they had made into homes for single people. I was very conscious of the needs of these old people for some extra services that were beyond the pension. I recognized pretty soon that we had to help these people somehow...We were made very aware, by many situations of how we had to provide help to the aged (Taped interview, 1980).

As the population of persons aged sixty-five and older grew, so too did recognition and articulation of their unmet needs as perceived through the eyes of the helpers who were sent to offer assistance. As the experiences of those within the helping professions merged with those from others in gerontology, it seems only natural that help, as a product of some people's professional socialization and experiences would be included as a relevant and appropriate function of the gerontological enterprise.

In sorting out and attempting to clarify the frame of reference, the boundaries of the ideological structure of
gerontology, it seems to make sense that help is a good thing, a desirable notion to instill within a body of knowledge. This is especially evident when some of those who 'know,' do so because they are helpers by profession. If we go back to my earlier remarks about functionalism as a ready made ideological structure, which, when used as a lens through which to see old age produces a particular kind of picture, then we can ask the same kind of question which I asked then with respect to help, namely, 'what work does old age do in our society, and, what work does the notion of help do within the ideology of gerontology?' Also, 'what kind of a world must we construct and what types of lenses must we use which will show us people needing help, and people helping?' At some level, helping ourselves and each other can be seen as a highly desirable trait. From another perspective, it can also be viewed as an unequal power relationship in which the helped person receives help whether asked for or not. Help as we might perceive it for ourselves may only be available if we follow certain rules and obligations set down by the social gate-keepers. A retired social worker complained to me about the social worker assigned to her:

She is pretty dreadful, you know. After my husband died and my hip broke, my doctor had them send me a social worker. What I really wanted was a friend, someone to talk with, someone who I could cry with and it would be okay. This woman was really scared by that, she keeps telling me what monies I can apply for and what homes are good to go into if my hip doesn't heal (September, 1981).
When I asked this retired social worker if she would have been able to 'hear' the tears of one of her clients when she was working, she replied:

You've got a very good point there, oh my, you're right. Of course I wouldn't have heard. We were so uptight in our profession. We must remain objective at all times and if we listened to someone's tears that would have been too 'emotional.' Our clients can cry if they do so within particular situations. If all they want is a good weep, then we aren't supposed to be there for that. We were then, and the profession remains the same today, we are only directors, we direct people somewhere for services. Now it isn't so bad because there are many supportive services in the community, then, there were far fewer...I like that, you could have said to me 'social worker counsel thyself.' I never thought of myself as needing help and now that I do the profession is no more capable of providing what I really need than it was when I was a worker.

As this informant notes, very often the help provided is inappropriate for particular needs, but it is the only type available. If those requiring help have difficulty in obtaining it because of certain, usually bureaucratic, problems then so do those who provide it because they too have to proceed through similar rules and programs, as the just cited informant pointed out. Another informant, a psychiatric social worker who attended a course I was teaching at Shaughnessy Hospital similarly said:

God yes, we do give them help whether they want it or not. I have an old guy. Everytime I visit he's shit all over the floor. I had to move his wife into a home because she was incontinent too. Well, he's a vet (war veteran) so he'll
end up in Shaughnessy I expect. So what do you tell him? 'Here, you can shit on your own floor and that's psychologically good for you' or 'I'll send you to Shaughnessy and there they'll still let you shit but it will go into a bottle under the covers where no one will see it, and the social worker won't know or care that you did it because she'll have so many clients just like you.' What a choice, such help -- who needs it! If I were him I would tell me to go to hell. But it's my job, it's what I get paid for. I am an expensive resource person with hardly any resources.

As this informant notes, the cultural imperative of professionalism is that 'helpers' do indeed help regardless of whether or not the assistance provided is what is needed by the client. Also evident in her comments is the notion that hidden agendas are in operation when workers deal with those they are sent to help. She cannot deal effectively with the "old guy's" problem of incontinence and his wish to remain in the same location as his wife, instead, she must reinforce a reality which causes him to accept the professionals' version of 'truth,' that is, he must move into Shaughnessy because it is "good" for him. This example is one of many I have collected which do the work of displaying the frustrations of those who are sent to help the aged.

Observations and discussions with many older persons suggest that help is very differently defined by each individual. Some perceive help as the provision of some service or facility, others as an interactive process by which they can be helped to learn how to do something and in turn assist others to do the same thing. Still others view help as
leaving them alone to help themselves. Several authors, among them Scott (1969), Kuhn (1978), Estes (1979), and Novak (1980), have suggested that the helping professions are in the business of creating "helpees" where perhaps none exist, and, that if the helping professions did their work effectively, there would be no more help or helpers needed. Professionals are seen as skilled and learned experts who apply their knowledge to the affairs and in the service of others:

For generations, divinity, the law, medicine even the military and now the newer professions in the fields of education, welfare, architecture, industrial management etc., have been acknowledged as being selflessly devoted to the good of the weaker and less knowledgeable members of society, thus enabling those who lack the capacity to fend for themselves to lead fuller, safer and healthier lives. However, the question must now be asked whether the professions in fact provide their services too altruistically, and whether we are really enriched or not just subordinated by their activities (Illich, 1977:22).

Supporting the view that helping professions may be serving self interests as well as those of others, Novak calls into focus the nature of professionalism by suggesting that in a specialized society the individual becomes raw material for professional ministrations:

Often the professional is needed because the problems themselves have been generated by the clients' previous contact with other professionals...Within this framework the elderly are not only a renewable, but almost infinitely fertile and exploitable field for professional work (1980:14).
Throughout my involvement in gerontology, I have pondered over my own ability to help and have questioned my motivations for becoming involved in this field. As a believer in self-determination, I have struggled with the attempts of others to determine the lives of the old. I often thought, 'well, they deserve it. It's their own fault if they won't fight back.' I did not realize then, that 'fighting back' requires energy, motivation, and an awareness that one is being controlled. As an informant, a member of the committee on aging of a provincial group, put it:

Before we got together in this seniors' network we never knew that we were all being unfairly treated at the centre. I thought it was just me, Sam thought it was just him and like this it went on. When we all got together we found out the same thing was happening to all of us. That's why we got this network together and now we'll show them (1981).

The notion of helping other people, especially through a professional or expert framework, is a very problematic concept. Whereas I may not think of myself as an expert on aging, other people do, whether they have reason to or not. Thus, after I had completed research on crime against the elderly (1980), and on the needs of older persons (1981), I was asked to present papers, lead discussions, and give radio talks as an "expert" on these topics. When I suggested that I was merely a recorder and analyst of information about other people's lives, and that they themselves should speak on the topic, I was told things like "but lay people are not
articulate; they cannot put things into perspective," and "you are helping those who cannot speak for themselves." Often I am assured that my academic background, my membership on community boards, and my teaching experience displays my expertise and ability to help. Thus, I am given a certain sort of power or credibility whereas those who provided me with the background for that "knowledge" are not.

In the transformation process by which the collection of common sense knowledge is translated into the production of "scientific" knowledge, the ownership of experience shifts. Whereas the old were a necessary part of the initial stage of data gathering, where their voices and visions of reality were crucial, when this information is coded to fit some other actuality, then they no longer own the knowledge of their experience in quite the same way. What they said and did now becomes included within the "stock of knowledge" available on the topic of old age. The individual experience thus becomes part of the collective data base of gerontology.

'Experts' are often granted special status because they are seen to be in close proximity to an authoritative situation, for example, working on a thesis, conducting research, teaching, or working in a care-giving situation or as a government policy maker. But what they actually know may be questionable. An informant, a retired psychologist, offered the following comments on the topic of gerontologists as experts, in an interview in June of 1982:
An expert gerontologist may not be one at all. That is, knowledge of "expert" status does not take into account the individual's ability to know, analyze, perceive and create. One would assume that if you spend a good deal of time around a subject, you're going to pick up something. But a person using common sense, through personal ability may have an inside track on the 'expert.'

According to this informant, "experts" may lack a particular type of knowledge which is available to the common sense member, through what she calls the "inside track." The implication here seems to be concerned with the ability of individuals, be they experts or not, to understand what it is that their 'data,' collected from whatever sources, tells them about the world they are examining.

In conversations with some academic peers, I have argued the point regarding community members' involvement in research. As one of my colleagues at the University of British Columbia noted:

You can't expect lay people to know what they are talking about. It's our job to put what they say into perspective. They don't know what they need (1980).

And, as another said:

I don't see why I should feel responsible to them. I am merely studying human behaviour. I don't want to be bothered with justifying my actions to them. I am a social scientist. I get paid to know more about growing old than they do and I don't want to be bothered having to deal with all this stuff about what responsibility I have to them (1980).
Lay members cannot be involved in research endeavours then, according to the above point of view, other than as data providers, because they do not have a particular type of sense-making practice. Further, they do not have the same sort of "objectifying rights," the correct "perspective" which social scientists claim as their prerogative.

I wrote earlier of the notion of self-determination, the ability to help oneself and be in control of one's own life. This concept is gradually becoming part of gerontological language. Self determination by the elderly is subject matter which is currently becoming a trend in gerontological conferences, papers and articles, not in terms of how the old actually participate in determining and shaping their lives, but in terms of how professionals should encourage, promote, and help achieve determination. In July of 1981, the International Federation on Ageing held a workshop on Self Determination and the Elderly (edited by Charlotte Nusberg). Those present were from a number of different countries where various programs for self-determination had been implemented. Several of the participants made recommendations and offered suggestions as to how the old might be encouraged to determine their own affairs. For example, Robert Pringent, President of the International Federation on Ageing, said:

It is imperative for everyone concerned with the problems of the elderly to support all possible forms of self determination...This calls for intelligent surveys...and the allocation of ample resources to support
personalized techniques that differ from the usual sampling procedures so that individual and local situations can be better taken into account (1981:8).

It seems that Pringent is suggesting not that the elderly help themselves take more control over their lives, but that they help researchers to provide more descriptive data so that they can "help" in a more adequate way. Self determination for the elderly, it would seem from this and similar publications of conference proceedings covering this topic, is a matter requiring professional expertise and competence as opposed to common sense knowledge. This viewpoint is also becoming popular in lay understanding. In a recent newspaper article, journalist Ann Farrell, reporting on an architectural project at the University of British Columbia extended care unit, said:

Its purpose is to extend the environment of those who must spend the remainder of their days at the hospital.

Ms. Farrell went on further to note:

Therapists, nurses and others who work with the elderly were consulted before and during the development of the park.

Perhaps Ms. Farrell assumes that it is those people and not the elderly residents who "must spend the remainder of their days in the hospital," and who could have also been consulted on this issue.
A social worker colleague, who works in an assessment unit where older people are cared for while awaiting relocation to more adequate facilities in terms of their diagnosed health needs, described a resident participation session at her unit:

Eleven of them showed up. I explained that we wanted to form a residents' group so that we could get feedback from them on what goes on, like meals, activities, and medications. I urged them to get involved in everyday decisions, said how much we -- well, me anyway -- needed their input. They said not a word. I tried asking them if things were okay here. Some of them nodded, looked at each other a bit sheepishly, but said nothing. I said, "okay, you can go now" (Dec. 20, 1981).

Although this woman did not analyze the situation, it reminded me of a similar session I had attended. In 1979, I was collecting field notes for an ethnographic study of a care facility in Victoria. I was invited to participate in all the daily activities while I was there. One day, I chose to attend a residents' council meeting. Here is a field note account taken at that event:

Resident council meeting in Activity Room. Present: Mrs. M. (facilitator and RN on the ward), J. (aide), seven residents, and myself.

Mrs. M. read minutes from last meeting and asked what was new today.

Edna complained that she had been made to wear make-up again for meeting with UBC students (one of my classes on the Sociology of Aging). She said, "I've not worn make-up in eighty years. Why should I now?"
Mrs. M. told her that she had "looked very nice" with her make-up on and that the students had said "how pretty she looked." She then said that the residents' group was not here to "listen to that sort of thing which was in the past now." Mrs. M. went on to say that "anyone who doesn't want to participate in this session can leave if they feel that they have nothing positive to bring to our attention."

Edna did not respond. Mary said that her neighbour snored all the time -- "day times too" -- and could she change beds into B ward. Mrs. M. said that she would see if there was another free bed "in that room."

Mary reminded her that she had said that last week and "the week before."

Edna asked if the doctor would give her new pills. She said that the ones she was taking now made her nauseous.

Mrs. M. wrote something down in the residents' council journal and said, "Yes, I will discuss it with the doctor."

Jane said that she didn't like the way her hair was being done my Mr. Jon (the hairdresser who came in once a week from downtown Victoria to do the women's hair).

Mrs. M. said that this "wasn't the sort of thing to bring up here, and anyway, all the staff said how nice the ladies' hair looks after Mr. Jon has been in."

No one else said anything. Mrs. M. asked if there was anything else to discuss. When there was no reply, she called the meeting to a close (July 21, 1979).

What this field note and my colleague's account of her meeting seem to display is the rule that some issues are deemed to be appropriate for discussion at these events, such as "meals, activities, and medications," and others such as "wearing make-up" and "hair-do's" are not. In both these examples, the
system of the residents' participation was established by the facility which wanted to give the appearance of shared decision-making, but did not necessarily want to encourage self determination in all matters deemed relevant and important by the residents themselves.

Encouraging self determination can be another means by which gerontologists attempt to help the aged. If one sets up particular systems to enhance or encourage self determination, for example, residents' councils, does this mean that other forms of help go unnoticed? A social worker at one of the ethnic old people's homes in Vancouver told me the following story of her attempt to set up a residents' council:

When I first arrived here (at the facility), I had just returned from a workshop in Los Angeles and one of the things discussed was getting the people involved in a residents' council. I had been here about three weeks and so the people knew me by then. During one of my reading sessions with them, I broached this subject of a residents' council.

Mr. Josh asked me what that was, so I gave them a brief encapsulated version of what it was. Mr. Carp said that they "didn't need nothing like that."

I asked if anyone disagreed with him and they all said no. So I left it. The next week I tackled the issue straight away and asked again about setting up a residents' council.

This time, Mrs. Kalom, a very witty and chatty person, who is a sort of a spokesperson for the residents said, "we've already got a group like this."

Well, I was so surprised. "What do you mean?" I asked her.
"We've already got a residents' council right here in my room. We don't need another one."

"But how come we don't know anything about you," I asked.

"You will," she said, "we just got organized this year and soon you'll know about it." Well, she was right. At the next quarterly meeting of our residents, they presented us with a typed document which they called "a manifesto of rights of the residents' council group." Now we work with them on it and it is the best thing that we ever came up with. We discuss their reactions to every single activity here at the centre and you had better believe that they speak and we do listen. More than listen, we try to answer the wrongs which they perceive to be happening (June 1981).

As this account shows, self-determination is simply that, in some cases, even though the informant still claimed "we," the staff organized the residents' council. Rather than establish new systems of self-help, perhaps an examination of informal systems already at work would be helpful.

In 1980, I conducted research into the history of gerontology in B.C. I interviewed persons whom I identified as 'leaders' in this field. These people were service providers, academics who both taught and did research in gerontology, program administrators, and members of various gerontological or aging related organizations. One of the questions asked was "what were the goals and objectives of gerontology and by whom were they stated?" Some of the responses received indicated that helping the aged was an issue of great importance, and that gerontologists were seen as those capable of helping. A social worker replied:
One of the pressing things we recognized was the need for us to help the older population. We saw that we, the aging professionals in gerontology, were the best ones to do that.

This informant then defined different ways she saw help:

Well, first of all we are in a good position to focus attention on the old. We do this in research, reports, books, in our papers at conferences, in the courses we teach...I also do it when I do media talks and on television. So, first of all I would say that we focus attention on the old and their problems. Next we consult, we are consulted by agencies, service groups, researchers, even groups of old people too. We help them all with policies and programs, services, guidelines and assorted jobs like that. Also housing and hospital design. So you can say that counselling or consulting is the second way that we are able to help as gerontologists. Third, we are the ones offering expert knowledge to other professionals on matters about the old, like lawyers and architects. Finally, but I am sure this list could go on, we can use our knowledge to help the old help themselves (Oct. 12, 1980).

These opinions that gerontology helps the old were expressed, in one way or another, by most of the people I spoke with during this research endeavour and continue to be part of the talk which goes on at gerontological functions I attend. This view is also evident in much of the literature of gerontology.

By ideological mandate, the gerontologists who "help" the old see their contributions as crucial to improving the quality of life for the elderly and their families. They also see their role as essential in assisting the old to help themselves through encouragement and "expert" knowledge.
If we take the first rationale given, which is that gerontology helps the old because it "focuses attention" on them, we could look at who is being presented as old, and how these people are being portrayed by the gerontological literature. One of the complaints often voiced by the old and service providers alike is that gerontologists pay too much attention to the sick elderly. As one of the people I interviewed in 1980 noted:

I think that gerontology is very biased towards the ill elderly which is silly when we know that only eight percent of the total population of the elderly is in bad health. It is a very misleading thing for the general public who read these things and think that all old people are ill. There are no working gerontologists who are advocates of the well elderly (October 21, 1980).

Even though the more recent books, articles, and journals attempt to deal with the lives of all older people, much of the research being conducted still utilizes the ill elderly as subjects of inquiry. It has been suggested by many people that the sick old, especially those within institutionalized settings are "captives" of the gerontological research enterprise. As an informant who works in an extended care unit observed:

Well, they're a captive audience. They're there to be prodded and poked and researched by everyone else, so why not gerontologists too. It gets so that after a while they think
everyone is a social worker anyway so they'll answer all sorts of questionnaires and surveys (1979).

In part, one reason why gerontologists prefer to work with the ill or dependent elderly may be because so many of them who do their work in university settings also have access to extended care units and geriatric hospitals on their campuses. In this way, not only are research settings easily acquired but also funding through the various universities make it possible. At the University of British Columbia, an administrator of the Extended Care Unit joked:

Our oldies have been researched by so many psychologists, social workers and nursing students that we are thinking of having to rent them out (July 17, 1980).

An explanation for this apparent lack of focus upon the well, independent old was provided by another informant on the same occasion:

Yes, we do tend to focus too much on the old in poor health but that's primarily because the well elderly don't have major problems such as being sick, and therefore they don't need our help. So why should we study them, seeing as we are mostly help-care givers?

This informant uses as a rationale for gerontologists not studying the independent elderly the notion that "help" and "care" giving is somehow exclusive to the needs of those who are "sick" or in "poor health." It is as if she were saying "we can only help those who have been defined in a specific
way, i.e. unwell." There is a deeper structure of meaning at work here however, which has to do with the duties of professional people, in this case nurses and social workers, and the physical settings in which they work. In this way, some duties are considered more appropriate than others.

Naturally, when an individual works within an institutionalized setting, his or her work will primarily be concerned with providing services to those within that setting. Likewise, any formal research undertaken will presumably be geared towards providing a greater understanding of the clients in the facility and what their needs are with respect to the type of care provided. When this informant says "why would we study them?" (the independent elderly) she is also saying 'why would I be interested in supplying care to those people who will not enter my workplace as helpees?'

However, it is because she does indeed have some knowledge of the old outside of institutions, obtained from common sense observations of everyday life, that she can invoke notions like "help" and "care" in the first place. It is because she has observed independent old people living and interacting in her community that she can decide what those without certain freedoms, such as choosing when to eat, sleep, drink, dress, get up, go to bed, or take medications may require from her and the institution in which she works. In some sense then, this informant has already "studied" the old who do not come into her work place.
Academic gerontologists do not have the same kind of connection to places of work which the aforementioned informant does. Rather, they do have a commitment to a work place but it need not be the setting wherein they do their research; it may be the funding agency or campus from where their funds were provided. Many gerontologists state that they chose a particular institutionalized setting because of the time-frame of their research funding. An informant from Hawaii who had received funds to study the aged for a one year period in Canada spoke of his reasons for choosing a university campus setting in this way:

Originally I wanted to go to the Fraser Valley. I wanted to do something on networks and the old. My funding was cut by the Canada Council so I only had a year. I knew that I could get some space here on the UBC campus for an office, so it just seemed the most sensible thing to do was to conduct some work over in extended care. You just cannot collect enough data in a year, plus write up the findings, send in reports and the like. I really had no choice if I wanted to accept the money. So I completely redid the proposal and ended up doing some work with life-histories. The funders really have no idea about how long research takes to do well (June 1982).

As this informant points out, the decision to study a particular segment of society is often made on the basis of accessibility to informants and research application time frames not necessarily produced by the researcher him or herself. In this case, the informant had taken a leave of absence from his usual place of employment; others are less
fortunate in that they may have heavy teaching loads, many graduate students to supervise and in some disciplines, practicums to organize as well. Given the pressing work loads of many gerontological researchers who do their work within academic settings, it is easy to see why they would choose to do so on their campuses. However, the research which tends to be undertaken in these circumstances presents a view of the old which is bounded by the fact that they do indeed live in settings which are institutionalized and therefore structured differently than those of the 'outside' world where the majority of old people live and conduct their lives.

If much of the data about old age comes from institutionalized settings, then the view which it presents is one of dependency, ill health, and inability to function without help. In these ways, the old are seen to be problems for society to deal with, and as such they are seen to have troubles which require helpers to resolve.

The Old As A Social Problem

Another view of the old which some gerontologists reinforce is that they constitute a social problem. This is said to be so in at least three ways. First, there are more of them, chronologically speaking, than there ever were before. Second, the old are expected to need more health care and other social services than other age groups. Third, the cost of these services will have to come from taxes collected from
other citizens. This system is referred to as the "dependency ratio" in which the old, the sick, and the young are dependent for financial subsidies in the form of health care, shelter, income, transportation, and social services upon the rest of the 'working' population. The assumption, based on the work of financial analysts, economists, and actuaries is that as the general population expands and the working population steadies out, so this dependency ratio will increase from "14.6% in the year 2000 to 48.2% by 2031. This implies a much higher burden on the working age population" (Powell and Martin, 1978:25).

Thus, the problem which society is seen as having to face is one of costs in times of financial constraint and hardship for many. It is assumed that expenditures on the old, who some see as 'non-productive' members of the community will be frowned upon by other age groups who are eligible for employment but unable to acquire it. The following letter appeared in the Vancouver Sun newspaper in 1980; it is a good example of this attitude towards 'subsidizing' the old:

PENSIONERS NOT THE ONLY ONES HURTING
After reading your editorial...in which you say that the elderly "cast off from the work force at 65, forced to make do with $6,997 a year..." are in a worse financial situation than those who have average earned incomes of $16,358, I decided to do a little calculation.
I am the only breadwinner in a family of four, I earn $35,000 a year as a professional forestry consultant in Vancouver. After renting a house in Richmond for two years I thought that I had enough money to buy a home...Eventually we settled on one in
Mission...The modest house will cost $95,000. I need a mortgage of $67,000 to be repaid at about $900.00 a month at 15%.
Income tax on my earnings is $8,940, C.P.P. contribution $212, UIC $204 and BC Medical Plan $255, for total annual deductions of $9,611. Mortgage payments would be $10,800 a year. Total outlay: $20,411.
Subtracting that from my gross income of $35,000 leaves $14,589 or $7,294 each for me and my wife - not much more than we could get as pensioners. But on top of that we have two children in school.
Many of today's pensioners are either living in houses they bought and paid for before the present crazy spiral of housing costs began, or have sold such houses on the current market and are able to pay rent with the proceeds.
So people with families and earnings...are surely far worse off than any of the pensioners. When will somebody speak out and campaign for the rights of all those average Canadians living in poverty (Saturday, Dec. 6, p. A5).

When I discussed the contents of this letter with an informant who works as a counsellor at 411 Dunsmuir (a seniors' centre in Vancouver), she noted:

Well, he has a good point from where he is coming from, but he is really incorrect about seniors having their own houses, or making money from selling them. Many sold their houses when their children left home, and then gave the money to them to help them buy homes. Also what with the costs of rents going up all the time in B.C., most seniors live in fear that they might not be able to afford housing at all. He is lucky, he can still work after all. Many seniors want to work but they cannot. They have no way of supplementing their incomes at all. I don't like this sort of deal where the old get compared to other people. (July, 1982).

Like this informant, many others have expressed their
concern that they are being seen as totally dependent for financial aid upon others. For example a participant in the UBC Program for Retired people stated:

I am really fed up with all this talk about how the old are being subsidized by the tax payers. We were, and still are tax payers too. We worked hard and long, not only in jobs paying money which most people wouldn't take today, but also on social service legislation so that the young ones coming up could have welfare, UIC, and pensions. I spent fifty years with CP rail and I wasn't eligible for a pension. Now I live on my savings and a bit from OAS. We built this country, the factories and firms you have around now. We are entitled to a little respect for that. It isn't handouts that the younger people are giving to us, it's our just rewards and we are entitled to it (July 1982).

As gerontologists are interested in the social forces shaping older people's lives it seems natural enough that an increase in the aging population is seen as a social problem.

One of the side issues surrounding the notion of the aged as a social problem is the idea that society is to "blame" for the plight of the old. As Baum writes in _The Final Plateau_, older persons have "been betrayed by society, by powerful interest groups and by the state" (1974:1). And, as de Beavoir notes in _Old Age:

As far as old people are concerned this society is not only guilty but downright criminal. Sheltering behind the myths of expansion and affluence, it treats the old as outcasts (1977:8).

And, as Gladys Elder says in _The Alienated:
This is society's treatment of the aged: it refuses them the necessary minimum, thus condemning them to extreme poverty, to slums, to ill health, loneliness and despair, asserting that they have neither the same needs, or the same rights as others in the community (1977:17).

This notion of "society's" lack of responsibility to the aged suggests first that they are not part of the society in which they live, that they play no part in its social organization, and that they represent a homogeneous group with similar tastes, values, and opinions. Second, it implies that "society" is something easily recognizable as an agent of "blame," as something "out there" and not within every one of us. If we continue to blame society, whoever or whatever that is, for the situation facing older people, then we need take no personal responsibility for the part we play in so-called ageism.

The term, "society," is frequently used by academics, professionals, government personnel, and lay persons alike as a generalizable catch phrase, a box into which all institutions and social relationships can be placed. In general, we speak of society as the arena or stage upon which our daily interactions, policies, programs, and social rules are acted out. In this sense, the use of the term society indicates the presence of a system of common life at work. The term tends to be accepted as a given rather than to flesh out its various meanings in any given situation. When gerontologists and the old use the term society, I assume that they
refer to the immediate social environments in which older people and others circulate. These environments can include local community places, family and friends, and the more global settings which reach them through television, radio, films, and reading materials.

When individuals wish to excuse themselves for behaviour which they suspect may be unacceptable to others, they invoke the notion of "society." In that way, they can say that they are a "product of their society." At a meeting of the delegates to the National Advisory Council on Aging, the topic of 'how to change society's attitudes towards the old' was raised. One of the group explained that old people hold the same views about themselves as do other society members, which caused another to say:

And why not, we are members of society too, aren't we? We are merely products of this society (February 1982).

This informant invokes the notion of society as a rationale for thinking in certain ways; it is 'society' who is responsible for his thoughts, and not he. In this instance, as in so many others, the "society" was treated as a given.

Another view of the old which gerontologists reinforce is that they are poor. This is said to be especially true of older women, who urgently need more money, housing, better public transportation systems and adequate health and social services. Women, like some men, but for different
reasons, are poor in old age because:

...most of them have devoted their lives without pay to their husbands and children
... Another reason elderly women are poor is that they were discriminated against throughout their lives (Dulude, 1978:95).

I do not dispute that the incomes of so many older persons are such that they can be defined as poor. However, in terms of their expenditures and government subsidies for shelter, health care, and medications, the amount of money available is not necessarily an accurate indicator of 'poorness' or of wealth. What is needed to be known is how much it actually costs each old person to live a good life, however they define it. Many older people I have spoken with are pleased and proud of their ability to live on what some might call a 'limited income.' An informant from the UBC Summer Program for Retired Persons said:

Well, you know, I lived through two world wars and a depression. Money was always tight, it has always been scarce to me. I've always saved hard, shopped carefully and spent wisely. You say to me $5000 ain't much, but I tell you it's plenty for me and them what's used to living carefully. I'm real proud I can manage. I get what I put in, no more, no less. I don't want no government handouts, just what I put in.

Much of the data which provide income statistics is based upon survey type instruments which merely ask for incoming amounts and do not track down expenditures. This is an inappropriate measure of a person's financial life. An illustration of this
is contained in the following field note.

In the Spring of 1980, I was teaching a course on the sociology of aging, each student was involved in conducting research in the community. One of them first administered a survey type questionnaire to several older people. One of the questions was "do you have sufficient income for your needs?" One respondent had answered in the affirmative. A few weeks after she had completed the questionnaire, she came to talk to the class about her life in Vancouver. At a particular point she told a story about a problem she encountered:

Well, I like very much to walk down Granville Street. I live not too far away from there and it is a delight to look in the shop windows. However, to enjoy this pursuit is also a problem for me because you see there is this very good Scottish bakery. I was born in Scotland and have a yen for that good bread. The problem with which I am faced is a difficult one. Should I buy that good loaf of bread for the sum of one dollar and cut that bread very thinly so that it will last me one week, or buy my usual day old loaf which only costs seventy-five cents and also buy a chocolate bar? This, as you can imagine, is quite a problem for me.

A little later in her story this woman, a retired "enunciation teacher" (causing some alarm amongst the students who then phrased very carefully every single question which they asked her), also told the following story:

You ask me how I manage with money. Well, I manage very well. However, there are the little emergencies for which one is not prepared. For example, last year while crossing the road I slipped and fell. As my body hit the roadway my
glasses fell from my face and the lens shattered. To replace these glasses I was asked to pay the sum of eighty dollars, an awful price for such a thing. As my funds are very carefully budgeted day to day I obviously could not afford to make this expenditure. My solution? To not eat any meat products for one whole year. In this way I was able to replace my brown spectacles.

In both these stories, this informant provided examples which would imply that her income was insufficient for her needs, and not sufficient, as she had previously replied on the questionnaire. When I asked about this seeming discrepancy she said:

Yes, I suppose that is so. However, even though my income is slight I manage very well. As a single woman I was always aware of the fact that I would have to save for my old age because I would not have a husband to care for me financially. In the normal course of events my income is indeed adequate and this is how I replied to the questionnaire.

When I conducted research on the needs of older persons in 1981, one of the questions asked had to do with income. Normally, people responded with a simple "yes," it was adequate, or "no," it was not. When I took the questionnaire to the UBC Program for Retired Persons and asked them to complete it, one woman suggested that it was an inadequate measuring instrument of older people's needs and suggested an alternative method for collecting this information. She invited some friends and myself to her home where we discussed in an informal way, the questions on the survey sheet. In this
way, I was able to collect a more detailed account of these individuals' incomes and expenditures. My informant also asked each of her friends to keep a daily account of their spendings for one week, which they did and sent to me. What this experience displayed is that when speaking about incomes of the old, researchers must be more accurate and realistic in attempts to define terms like "rich" and "poor" based upon people's individual incomes and expenses.

Other notions of old age, which gerontologists reinforce through their research and publications, are that the old are unhappy and lonely. Loneliness is cited as a prime feature of aging. "It is part of the etiology of depression" (Schwartz and Peterson, 1979:76). The assumptions behind this notion are based on the idea that as people grow older their sense and experience of loss is greater than at any other age, not only in terms of death of family and friends, but also in terms of sensory ability and social roles such as worker, spouse, and relative. Whereas these losses are undoubtedly the cause of unhappiness, loneliness, and depression for some older people, there are many others who welcome and accept the changes which come with later life. As one informant said:

To me aging is a challenge. I have always to come up with something new to do, there's so much more to learn. I enjoy it. I really do. Growing old is lovely in spite of some of its hardships (1980).

Ben Weininger in Aging Is A Lifelong Affair speaks of
loneliness in this way:

I seldom feel lonely now, but that is not because I live with many people. We are all, essentially alone in this universe. We may touch each other temporarily, but never completely...Every person needs to recognize that his center of life, his spiritual center, and his feelings of community is his aloneness. This is the door through which we must pass, and we keep avoiding that door (1978:34).

If the gerontological construction of reality portrays the old as ill, poor, as a social problem, unhappy, lonely, and depressed, it is probably not helping them, nor achieving goals for self determination by the aged. Who would want to become old if these visions of old age were the only ones available? The old are as varied a group of individuals as any other age group such as teenagers, children, newly marrieds, and the middle aged. This diversity of human types could be described more fully in the gerontological enterprise. Rather than dwell on the negative aspects of aging, research could also provide examples of the richness and positive joys some people experience in growing older.

Gerontological forums, focusing on their more negative aspects of aging, may reflect the problem solving agenda of professional associations. In this way, "problems" or "troubles" are raised as issues of concern for the professional, indeed their very raison d'être depends on the presence of this required focus. A retired adult educator who used to be responsible for planning courses and conferences on
Our programs were initiated by people who called into the office with problems: professionals in the mental health area, especially those dealing with the problem of senility; people who worked in the housing area; people with elderly parents in trouble. We had lots of calls from people who ran boarding and nursing homes. We geared our courses, workshops and conferences to addressing these problems, for people to share experiences and create solutions. Certainly this is a big thing which gerontologists do when it comes to problem solving (Taped interview, October 23, 1980).

As this account shows, dealing with "problems" is seen as an appropriate strategy for planning conferences and workshops which deal with old age related issues. Much of the work which gerontology produces becomes material for the media, which tends to portray the old in negative ways for a variety of reasons having to do with the general attitudes of a community in general. In this way, the media can be said to 'mirror' the images of the old which already exist. An ex-Gray Panther now living in Victoria spoke of the media's portrayal of the old in the following way:

The negative images which we see on television, hear on radio, see in films and read in the newspapers really has to do with how society at large feels about old people. In the U.S., Media Watch, which is an advocate group out of the Gray Panthers, did research which asked viewers if the images of the old worked for them and why. Most of the people believed the negative images because they mirrored their own beliefs. Having worked in the advertising business in New York I remember the old saying 'In the media, bad news is good news, it's the
only news.' I am convinced that the media will portray only negative images until the older people in Canada do as we did in the U.S.A., complain, remind the advertising agencies and media people how important we are as consumers and most importantly, refuse to watch, listen and read their products (Interview, March 1982).

This informant's suggestion that "bad news is good news" in the media, especially with respect to stories and items about the old, has been supported by some of my own experiences, as the following illustrations from my field notes show. In 1979, I conducted research on crime against the elderly. The objectives of this work were to identify the types of crimes against seniors, the frequency with which they occurred and to offer crime prevention techniques for safe-guarding oneself and one's property from such crimes (Auger and Gaurino, 1979). In radio and television talks on this subject, I stressed the desire to concentrate on prevention techniques, yet the interviewers constantly tried to change the topic to victimization of the old. The media in this way chooses its own focus of attention from the materials which gerontologists produce in order to perpetuate a well-ingrained image.

The producer of a Canadian Broadcasting Corporation early morning talk show program contacted me explaining that "seniors are very newsworthy these days" and that "issues like this get great public reaction." When I stressed the wish to focus attention on prevention techniques and not the actual crimes, I was informed that the "audience needs to hear the
whole story." I was, as it were, 'set up' like a stage prop to exploit a certain perspective or scene, that is, crime prevention in another more newsworthy way, that is, criminal victimization of the old. In a sense, the scene set was not mine, but that of the show production staff. The host of the program began by saying that I had "uncovered some atrocious crimes against the old." As an aside he added, "will our terrible treatment of the old never end?" In this way, the work on crime and the elderly was packaged by the media as yet another negative aspect in the aging process.

On another occasion, I spoke on the same topic on a local Vancouver radio station, which, unlike the CBC, sells advertising time as its main source of revenue. In this instance, the story was not only a "newsworthy" one, but also a saleable one. The hosts argued that the description of crimes against the old would be used merely as a "hook" to get the audience listening. Once the "hook" had been caught by the listener, who would be "hanging" while waiting for a commercial to end, then he or she would be sure to remain listening after the advertisements were over. In short, the media can distort, or at least re-focus potentially positive aspects of the aging experience into more "newsworthy" ones.

Whereas gerontological work posits the "social problem" of the old as requiring professional and community help in solving, the media reinforces this notion, and by so doing,
supports the findings of 'experts,' by highlighting some of the "problem" areas. It also enlists listeners, viewers and readers, as seeming help-mates by pointing out issues of inequality between the old and other age groups. This process is another example of how "society," the amorphous "we," is held responsible for the plight of the old.

Consulting As Help

Another way that gerontologists are said to help the aged is through consultations. Consultants are often employed by agencies or service providers who have already decided what their expectations of a population, facility, service, or program could be. Consultation services appear to give approval or credibility to a project whether a consultant responds positively to it or not. The fact of having consulted a gerontologist seems to warrant acceptance of a project. The following illustrations from my field notes provide examples of how this process works.

I was asked by an architectural firm in 1980, to act as a consultant on the re-building of a facility to house older people. Specifically I was asked to consult with seniors and the architect as to suitable leisure space within the building. When I suggested that discussions would be enhanced by observations of how residents currently created leisure space within the facility, I was informed that this would be "too time consuming and too costly." It appeared that I was
merely to "sit in on two meetings, and consult with us after and sign the CMHC (Canadian Mortgage and Housing Corporation) sheet saying that you were the sociological consultant." If gerontologists help the aged by consulting with others on their behalf, then they have to change not only the consultant seekers' attitudes towards the old, but also towards their role in the enterprise. A gerontological consultant said in a discussion which we had on this topic:

At first I fully intended to argue and to put forward the real facts on institutions as I've experienced their planning. Gradually I've stopped fighting them. It's too big, they'll keep on doing it the way they want anyway. I have to find other ways to do my bit which ends up being so much work that I wonder why I still do it (March 1982).

Although not all gerontological consultants may experience their work in such frustrating ways, it is raised frequently enough to be worthy of note.

The consultative process is often one wherein multiple realities and hidden agendas are at work. Often a consultant is called in to provide the appearance of the "expert" process at work, when he or she is invited to participate in order to merely fulfill funding regulations. A registered nurse at Shaughnessy Hospital provided the following account of her role as a consultant to the newly built Grace Hospital in Vancouver:
They asked me in as a consultant to supervise and approve the ward plans. They told me originally I had all the time in the world to complete my work. Then they said I had two weeks to examine the drawings because the Ministry (of Health) would not approve more funds until they were accepted. I tried to convince them that two weeks was far too little time for a job of this sort. They said that if I couldn't do it, then the nurses' association would have to appoint someone else. They did a big number on how I had been especially recommended for this consultation. I really worked my buns off to finish that job (June 1982).

As this account shows, the hidden agenda of the hospital administration was to receive more funds from the "ministry" within two weeks. The reality of the situation as she had originally understood it, that she could "take all the time in the world" to examine the ward plans in terms of ease of access to both staff, visitors, and patients, was understood differently by those who hired her.

The gerontological consultant, like others who also offer these services, is thus caught in a double bind situation where they can either accept the problems within the consultation process which may restrict their ability to advise effectively, or refuse to participate within it and perhaps, as in the case of the previous informant, lose face or the funding source by this refusal.

When service agencies, hospital boards, architectural firms, governments and community groups, to name but a few, request the consultative services of gerontologists and other social scientists they, and those who accept, further alienate
the old from decisions which affect them. It is rare to see older people invited to consult with planners and organizers on the physical settings and activities provided to them.

Research As Root To Informed Help

Akin to the role of consultant is that of researcher. Millions of dollars each year are spent on the aging, as the catalogues of funding agencies will show. In 1981, in a report entitled *Vancouver's Older Citizens: What Their Needs Are And How They Are Met*, I noted:

Although most of the research reviewed offered recommendations for action and for change, no such action seems to have been taken, nor any follow up studies or pressure by the authors placed on any governmental or service agency...If we take the research data available on older persons as a picture of their lives we see a rather interesting image of the stereotypical poor old person, in ill health, living in below average housing with few recreational, sexual, spiritual and political activities. In some ways then, we researchers reinforce some of the very stereotypes which we also seek to remove from common thinking. Our focus on the poorer, sicker, less well housed and badly fed elderly, no matter how sincere our motives or how real their need, has caused some persons to view our efforts in less than positive ways (Auger, 1981:17).

Another rationale which gerontologists use in seeing their work as helpful to the old is in their role as providers of "expert" knowledge. However, it is not only they who see themselves in this way. As the following field note shows, lay members also share this view:
Occasion: Family and friends dinner at Christmas time, December 23, 1980. Apartment in North Vancouver. Present are two families and Gladys aged eighty-four who is the maternal grandmother of each family. Also present are two friends and the researcher.

Diane: (one of the daughters).
How y'doing Jeanette, Figured out how to stop me getting older yet?

Researcher:
Wish I could but we don't learn how to do that at UBC.

Diane:
Look at Glad (her mother). Who'd think she was eighty-four? I think she's really up tonight (Gladys has been medically diagnosed as manic/depressive and is subject to mood swings talked about by family members as "ups" and "downs"). I love her dearly but does she ever drive me crazy. I wish that she was like Bea (her sister's husband's mother). She's so good, never gives us any trouble. Now that's how to get old. You're a gerontologist, why can't you tell me what to do about my mother? You're the expert, aren't you?

Researcher:
Well, I don't know how to handle your sort of situation and even if I did what would my being a gerontologist have to do with it?

Diane:
I thought that they gave you courses in all this. Don't they teach you how to deal with this sort of thing, to deal with old people? What good is it, well, what good is it if you can't use what you've learned to give people like Ann and me advice?

The previous piece of interaction also displays members' theories of successful aging, when Diane says "I wish that she (Gladys) was like Bea, she's so good." Therefore, it is not only gerontologists who attempt to explain the notion of 'successful aging' but also family members as well.
The view that gerontology ought to be 'problem solving' was addressed in a slightly different way on the same occasion. An argument had taken place between Freda (one of Gladys' grand-daughters) and Diane (Freda's aunt) over Gladys. Freda expressed the opinion that Gladys should not have to live in an institution when she had family to take care of her. Diane took exception to such an idea. While the two women argued, the rest of the gathering watched and occasionally jumped into the argument voicing their own opinions. I sat on a chair away from the large group observing the situation. After a short while, I was joined by Marg, also a non-family member. The following interaction took place between us:

Marg:
I bet you see this sort of fight all the time eh? It must be very interesting for your studies. Good information for your research too I guess. I suppose your gerontology comes in useful at a time like this. Yes, it must be very interesting, eh?

Researcher:
Yes, it is. But why do you think I would have seen it before? Do you think that this is what gerontology is about somehow?

Marg:
Well, it's about old people, isn't it? And I guess that they must prepare you for all sorts of situations. Still, it must be depressing. It must be nice not to get involved. I'm glad I'm out of it, aren't you? I suppose doing all those gerontology courses and things help you cope with this sort of thing, this sort of trouble all the time. Hope you'll help me with my family if I ever need it.

Again, as with the previous example, this illustration
suggests that lay persons have a common sense view of gerontology as a problem solving discipline. The example also suggests that a student in the discipline of gerontology can be expected to be an "expert" on the subject. Another interesting notion this particular interaction displays is Marg's comments which express her knowledge of what it is that social scientists do, e.g. "it must be very interesting for your studies. Good information for your research too." Indeed, on this occasion, the activities of the setting did provide data to me, while most of the other actors on this scene were there to perform 'family' business.

While Freda and Diane were arguing over whether Gladys should "live in a home or with her family," Gladys was present and did not engage herself in the conversation even though it was her life which was being discussed. At one point in the argument, she turned to me and said:

Why is Freda so upset? Tell her not to worry about me, I have spent too many years trying to tell my daughters that I would rather live with them. It don't worry me none anymore, so tell Freda not to worry for me.

In these comments, Gladys raises the notion of a theme common to both gerontological work and 'family' work, that of decisions about where the old might live, and who makes them. These are some of the ways gerontologists display the notion of helping the old as part of their ideological structure.
CHAPTER FIVE: THE BOUNDARIES OF GERONTOLOGICAL KNOWLEDGE

Gerontologists contribute to the social construction of agedness in ways different from those of lay members. Part of this contrasting way of seeing has to do with the definition and perception of the notions of expertise and professionalism by which gerontologists, the old, and other lay members make claims to knowing about old age. In this process, it can be seen that there can be different criteria for judging oneself and others as "experts" on aging.

Implicit in the knowledge which gerontologists produce is an ideology which suggests that their work is helpful to the old. I have questioned the ways in which this notion of help, as perhaps a metaphor for something else like rationalization of actions, control over the old, justification of certain methods, or validation of personal beliefs, is dealt with by both gerontologists and the old.

In order to pursue these issues in more depth, I shall now take the reader into the gerontological world to make sense of some of the activities of its practitioners. In order to examine the question of what constitutes gerontological knowledge, three inter-related issues need to be explored:

a) What is gerontology in terms of how people speak, write, and do it?

b) What types of knowledge about old age do gerontologists produce?

c) For whom is the knowledge produced, that is, who makes use of or benefits from it?
The question "what is gerontology?" does not necessarily imply the search for a definitive account. I do not expect to look and discover that it is an "X" sort of thing which can be understood in specific terms every time the word is used. Instead, I am interested in the activities, the talk, and the written materials which are recognized by lay members as gerontology getting done. In asking what it is, I look to how different types of persons with differing engagements with the topic, invoke the notion -- how they use the concept to explain, predict, excuse, rationalize, or account for aspects of aging in a certain way as opposed to some other. Gerontology becomes a means by which to speak of the old, family life, a "good" society, and so on. Gerontology is the framework, the ideology or boundary within which talk and actions are shaped and structured.

The use of the notion of gerontology as a resource was indicated in interactions which occurred during the summer of 1982 when I planned and co-ordinated the Festival Celebrating Aging in British Columbia. Most of the seniors I worked with knew me in my role as an employee paid to co-ordinate activities in which they were interested. In this sense, I was seen as subservient to their wishes. At one meeting I told a group of elders that I was also working on a Ph.D. in sociology with a special interest in gerontology. They also came to learn of my other gerontological activities. As a result of this knowledge their talk about me changed from
"Jeanette is our co-ordinator" to "Jeanette is a gerontologist, she's only doing this job part-time while she works on her thesis." The gerontological version of me became a resource for some groups of individuals when it came to decision making. At one point during the planning of the festival there was a split in the group (natural enough in any large gathering of over one hundred people) over program content. People observed "Well, Jeanette is a gerontologist. Let her choose," or "Jeanette, you know what old people should do because of your studies in gerontology." In these ways, a gerontologist was seen as someone knowledgeable about the old in not just theoretical terms but also practical, everyday ones. The notion of gerontology in these examples did the work of giving me an authority over people's activities which they considered to have more relevance worthy of recognition. Fortunately, in this particular case, because of the nature of the task, there were just as many older people who felt that a gerontologist was the least likely person on earth to know what is "good" for older people, yet they too made use of the term as a resource. In this way, gerontology is not just a word, a concoction of ideas, notions, and concepts; it also does work in the social world when it is used in specific ways, such as the ones I have spoken of here.

Conflict about what gerontology is abounds in the literature which addresses itself to the topic of old age. On the one hand, some practitioners view it as a distinctly
separate discipline which is "an organized body of knowledge, identifiable by a set of principles and a series of tested concepts" (Tibbitts, 1960:3). Further, it is also said to be a discipline which, on the other hand includes only ideas about old age which can be tested; "thus, social gerontologists use observations and ideas about old age which can be tested" (Atchley, 1972:19).

A less positivistic definition of gerontology holds that it represents a combination of interested scholars from fields of inquiry already well established in the social scientific milieu:

Social gerontology is nothing but a mixture or a collection of findings made by the older established disciplines, each of which has its own methods and theories, which allows it to deal with some problems in human ageing. These scholars identify themselves as psychologists or sociologists; they are not gerontologists by trade (Philibert, 1965:9).

Although some authors ponder the question of whether gerontology exists at all, as does Levine in a guest editorial in *The Gerontologist* (1981:2-3), others are more concerned with the nature of the gerontological task and whether its practitioners can be viewed as professionals or members of a specific discipline. Hirschfield and Peterson suggest that if gerontology were to become a discipline, "knowledge would be the basis for its existence." They regard disciplines as organized bodies of knowledge which "fit some logical taxonomy, which have a specialized vocabulary and basic
literature, which include some theory and techniques for theory testing, and which generally have agreed upon methodology." They state that if gerontology were to become a discipline, "the generation and verification of knowledge would be the primary concern of its practitioners" (1982:215).

After deciding that gerontology is "not a discipline" and further, that it is "unlikely that it will become one," the authors go on to define it as a profession where service is the motivation, not knowledge. Professionals "are committed to applying knowledge in a way which will aid in the solution of individual and social problems" (1982:215).

What these authors do not tell us is who are the "individuals" and what are the "social problems" to which this knowledge will be used to "aid" and to provide "solutions." In more traditional professions such as law, medicine, engineering, and education, it is perhaps easier to recognize who the clients or consumers are than in this case. That is to say, lawyers can identify their clients as persons seeking legal counsel and advice. Medical practitioners treat persons who are either unwell or who require assistance with health maintenance. Engineers design and construct dwellings, roads, and instruments to enable people to live and work in more adequate ways. Educators provide information and skills to people who presumably do not already have them. In each of these cases, the consumer of the service can be identified usually because he or she has sought out the assistance of the
professional. In the case of gerontology, the consumer of the service is less visible. In general, the old do not approach gerontologists for their professional expertise, and yet it is they who are said to most benefit from the work of this group. As the result of a survey conducted using members of both the Gerontological Society of America and the Western Gerontological Society, the two authors concluded (1982:219) that the majority of their respondents, namely sixty percent, viewed gerontology as a profession. From the point of view of those interviewed for this research, gerontologists are already, or are becoming professionals in the field of aging. By this, they position gerontology solidly in a well recognized debate, thus legitimizing it as an important body of work.

While some authors argue over the type of entity which gerontology represents, whether it is a discipline or a profession, whether it is a unique body of knowledge or an amalgamation of several bodies of knowledge, others agree that there is something generally accepted and understood as gerontology. Their inquiries and criticisms take them into the content of the knowledge itself. In this way, the questions these authors ask are not to do with semantic and conceptual differences, but rather with the methods of collecting information, and the production of the types of knowledge which the data yields. What gerontologists do seems to be more interesting to them; what types of work are being done seems
to be their way of identifying the scope of the field itself. As Marshall notes:

The social situation of a newly emerging discipline has influenced the definition of what shall be taken to be important research questions, acceptable methodologies and legitimate theoretical perspectives (1980:3).

Bromley shares Marshall's definition and goes further in attempting to propose a possible classification system of the main tasks of gerontology, which he sees as theoretical, methodological, and applied:

The theoretical task is to confirm and extend the conceptual systems which integrate and explain the observed facts of ageing. The methodological task is to develop suitable research procedures and to examine carefully the logic of arguments about the nature of ageing. The applied or practical task is to prevent or reduce the adverse effects of ageing (1966:16).

Bromley argues for a more rigorous approach to old age fact-finding, in particular through the method of theory construction, and suggests that one reason why more social theories of aging are not proposed is due to the fact that the sciences, from which it is derived, do not go far enough in the direction of theory construction per se.

Although Bromley stresses the need for gerontologists to construct theories about the aging process and to find ways of "preventing or diminishing the adverse consequences of aging," he does not outline for whom the knowledge will be used.
Atchley, on the other hand, suggests that this information is of most use to the practitioner:

In gerontology there is a necessary interrelationship between knowledge and practice, and perhaps more than in any other field of inquiry, gerontology researchers have remained sensitive to the information needs of practitioners (1980:6).

While part of the gerontological enterprise may be, as Atchley claims, to provide information and resources to health and service practitioners, it is also a "quest for knowledge for its own sake which has always played a part in science," and thus it has an "intrinsic fascination" (1980:9).

For Atchley and some of the other authors already cited, the need for gerontology arose out of the social and personal problems of the aged, and for him it was out of these conditions that a science of aging emerged:

The sheer press of practical problems can force the development of science, and in the area of social gerontology there is a conspicuous overabundance of problems in need of solutions (1980:9).

An interesting point which can be raised here, with respect to Atchley's analysis that "practical problems" create the "development of science," is who determines when the problems become "pressing" enough, and on whom they must press in order to warrant a "scientific" examination.

Other authors argue that old age is a continual life-long process. One of these, Johnson, in disagreement with Atchley,
sees the major task of gerontology as recognizing and reinforcing this life path continuum:

Social gerontology will hide from view so much of the rich fabric of old age if it persists in seeing later life as an event or a stage rather than the continuing of an intricate pattern of life careers (1978:111).

The International Council on Social Gerontology, in a brief presented to the United Nations World Assembly on Aging in Vienna (August 1982), supported Johnson's concern that aging be recognized as an on-going process:

The manifestations of aging do vary not only from time to time but also from culture to culture, and from person to person. Consequently the area of gerontology is not only of interest to biological and medical sciences. In addition, behavioural and social sciences offer knowledge about many aspects relevant to the proper understanding of aging...The study of aging must adopt a comprehensive and ecological approach (1982:10).

In these quotations, various authors are involved in a discourse which focuses on attempts to define the boundaries of a school of thought which they call gerontology. These comments do the work of producing an acceptable (to their peers) state of the art of their field. They are also useful in establishing core curricula and associations whose terms of reference need to be spelled out for prospective students or members. It is through this discourse that any reflexive work is done by gerontologists.
In the winter of 1981, the Western Gerontological Association conducted a symposium on gerontology, its past, present, and future. The association asked a panel of "leaders in the gerontology field" to discuss some of the issues surrounding the gerontological enterprise. Some of the concerns raised included the formulation of policies which have "never been focused on the most seriously disadvantaged aged to eliminate their worst problems of survival" (Binstock 1981:5). The lack of gerontological focus on the old as products of the social services system was invoked by Estes in the following way: "everytime I hear the term 'aging process' I feel we need a counterterm 'the processing of the aged.' We have failed to distinguish how the aging process is created by the processing of the aged" (1981:6). Kerschner pointed out the relevance of cross cultural studies on aging: "I would like to see the gerontological community begin to take a larger view than just the United States, and take a look at what's happening worldwide, in energy or employment or hunger" (1981:5). These authors participated in a discussion forum where they were engaged in interaction, yet it is clear from some of the things they said that they regard the nature of their joint enterprise, namely gerontological work, in very different ways and from a variety of different perspectives.

In the issue of the journal Generations (previously cited), in which the forum on gerontology was recorded, an article entitled "Radical Changes in Gerontology" by John
Weakland took the previous discourse into the realm of reflective thinking and everyday action:

How do we begin new and different ways of thinking about, and potentially dealing with, problems of aging, the stuff of gerontological work? What would radical change in gerontological thinking look like, and how, if at all, could it be brought about? Looking at gerontology in this way can be useful and clarifying (1981:24).

After suggesting some of the ways in which gerontological work could be improved, mainly with respect to the provision of services in assessing, defining, and supplying older persons’ needs in terms of how they, and not “bureaucrats” speak of them, Weakland suggested that the social work professionals would benefit from such a change because they "and their supervisors would be exhorted to and paid for reducing their direct services while elderly life quality showed gain or no deterioration" (1981:25).

Weakland notes that change is "frightening" to most people, but that to not change is to "make a clear decision to stick with more of the same that doesn't work," and he urges his colleagues and peers to attempt changes in their work and consequently in societal attitudes and behaviour towards the old.

As the previous quotations show, there is very little agreement among gerontologists with respect to the knowledge about old age which they are, in part, in the business of producing. Although some similar themes are present in what
they say about the need for a science of aging, little common ground is reached by them in their written explanations of their work. In 1980, the American Gerontological Society, in collaboration with the Association for Gerontology in Higher Education, conducted research into the types of knowledge deemed to be essential to those involved in gerontological work. The respondents to this research were one hundred persons who met the following criteria:

Panelists must be recognized within the gerontological community for outstanding work in research, practice, or education. The panel must include persons from a wide range of disciplines and professions (Johnson et al., 1980:10).

Those chosen were asked to discuss, in small group sessions, issues relevant to an "adequate curriculum" for gerontology programs. The core model which these panelists agreed upon included the "psychology of aging, health and aging, biology of aging and understanding aging as a normal experience" (1980:20). These findings prompted the authors to conclude that the data reveal a "clear consensus about the existence of a common body of knowledge necessary for effective work in gerontology, however agreement about the core is limited to a few very broad areas" (1980:38). As this illustration shows, gerontologists are very busy in their attempts to clarify their goals and objectives as to what their knowledge base could be.

A lack of critical thinking by gerontologists about their
work has prompted several authors such as Estes (1979), Marshall and Tindale (1978), and Novak (1978), among others, to raise concern about the nature of gerontological work and how it is viewed by those thought to be recipients of it. Philibert (1974, 1977) epitomizes this dilemma in the following way:

The first difficulty encountered by gerontologists...lies in identifying the knowledge which is to be imparted. This is no mean task given the amount of written material on gerontology which has accumulated during the last few years. In reality, however, much of this material is worthless, and our first task will be to separate what is excellent from what is merely good and what is downright bad (1977:30).

Philibert not only recommends questioning and clarifying what is known and the ways by which it is recognized, but also that gerontologists be cognizant of the uses to which knowledge may be put. Like Gouldner (1970), Philibert reminds researchers that ways of work are the same phenomenon, the same driving force of interest, action, and motivation as ways of living:

Gerontology today has become an instrument of power over nature and over man, and as such it is profoundly ambivalent. It must at no time overlook its social, and therefore political origin and character. Gerontology as a science must look beyond itself for rules by which to govern its own behaviour (1977:31).

The ambivalence of gerontology of which Philibert and others speak has implications for the kind of image of self which gerontologists put forward in the world, and for how they are...
perceived by others. Recently (October 1982), two gerontologists from the United States of America were in Vancouver. During the meetings of the American Geriatric Association, a small group discussed gerontology as a topic and how it differed in definition and in action in the U.S.A. and Canada. On the subject of gerontological ambivalence, one American observed:

Well, we are a strange type of fish. I never know whether I do better to pass myself off as a planner, which I am, or as a gerontologist. The gerontology label elicits blahs, the planner one gets 'ahs.' As I am hired as a state agency gerontologist, it is difficult to know how, and in what role to come on as.

This informant's uncertainty as to how to present himself at public gatherings where a specific type of information is expected to be forthcoming is typical.

In this small group discussion about the differences between American and Canadian gerontology, we agreed that there is more of what one person called "diversity of perspectives" in American gerontology, which has been around longer, than in the Canadian equivalent. The general feeling seemed to be, as expressed by an American, that:

In the U.S., the government is prepared to spend money on funding gerontology programs and services. We also have quite a few university and college programs. Canada seems less willing to spend these kind of dollars on gerontological training or research and we doubt if you will ever get a really good program going here.
If the definition and presentation of self as gerontologist is a problematic one, it is equally difficult for others, especially the old to understand. In a letter regarding gerontology, a seniors' advocate wrote:

For the most part, most older people have no idea what a gerontologist is. I can understand a sociologist, psychologist, political scientist, theologian, but not a gerontologist as a separate entity in the scientific sense (October 1982).

Even though this informant had difficulty understanding what a gerontologist is, he did concede that such a person was viewed by others as "expert." He concluded that this was so for the following reasons:

a) because they act that way; b) they have a corner on information which they have assembled in a particular way, either creatively or through catalogue fashion. As the bio' and physical scientists explore to discover and theorize about the tangible, the social and behavioural scientists can only manipulate words.

Although they may not all be as active in seniors' affairs, or as reflective, articulate, and knowledgeable about gerontologists as this informant, many older persons do produce their own definitions. Implicit in their definitions is a common notion that these people have something to do with old age related issues. In order to have an idea of how older people perceived gerontology, I produced a brief questionnaire which asked the following, among others:
To be old is.....
To be old is not.....

Rationale.....

Gerontology is.......
Gerontology is not...

Rationale...

I distributed this questionnaire to two groups of older people: one group attending the UBC Summer Program for Retired People in 1980; the other group from the Committee on Aging of the Social Planning and Review Council of B.C. in 1981. The following are a few of the responses from each sample, with respect to the items dealing with gerontology:

1. Gerontology is the branch of science dealing with the phenomena and problems of old age. Gerontology is not improving or solving the problems of the aged.

2. Gerontology is the study of aging in older people. Gerontology is not a disease.

3. Gerontology is a study of the older people, their needs, limitations, and potentials. Gerontology is not restricted to a study of senility and dependency of aged people.

4. Gerontology is a science about where a person is in a situation where endings figure more strongly than beginnings. Gerontology is not about persons who have merely reached a certain age.
5. Gerontology is another way for science to examine something else and to get paid to do it. Gerontology is not doing much for the old, but the young seem to be getting a lot out of it.

6. Gerontology is a nuisance. It makes old people into something they are not. Gerontology is not the be-all and end-all of old people. They can have something to say about themselves too.

As can be seen from these answers, the two samples of respondents did share some consensus in their replies. Many seem unimpressed with what they perceive gerontologists to do, as in responses numbers 5 and 6. The notion of "science" was invoked as a resource for explaining the uselessness they attributed to it. In this way, "science" is seen as some sort of make-work project which "examines something else" in order to "get paid for it." Although we might expect greater awareness of the term "gerontology" in these groups, devoted as they are to examining gerontological issues, it has been my experience that many seniors' groups are much more aware of this enterprise.

When I conducted research on the history of gerontology in B.C. (1980), several people raised the issue of ambivalence within the discipline with respect to both definition and the types of activities undertaken. An informant who plans programs for professionals who work with the aged, noted:
I started out not by working with the old but with professionals, who work directly with them. I did not then, I don't now, call myself or think of myself as a gerontologist...Half the time the people who are working with the elderly don't perceive themselves as being gerontologists. I don't think these people discuss gerontology at all, especially the aides and long term care people, as a word or definition of their work. Their work is simply direct service stuff, their jobs are to care for and assist the old to lead nicer lives. Gerontologists seem more to discuss and theorize about the lives of the old. (Taped interview, Oct. 21, 1980).

This particular informant seems to be presenting a different "state-of-the-art of gerontology" than the authors previously cited. For her, there is a difference between "working" with the old to provide them with "direct" services, with "assisting the old to lead nicer lives," and gerontological work which she has defined as "theorizing." This informant also seems to distinguish between those she calls "professionals," namely those who provide "direct service," and those who are gerontologists in the "academic community." Again, the difference is related to the actual nature of the work: "I don't think that these people, especially the aides and long term care people, discuss gerontology as a word or definition of their work." It is clear which type of work she sees as worthwhile.

A social worker in the long term care field whom I interviewed for the history of gerontology research identified her work in the following way:
At the Extended Care Unit, we work with the old. Most of our people are sick and need special health care. Although some of my people (staff) have had training in gerontology, mainly in the States, I don't hear people talking much about it. When there are GABC (Gerontology Association of British Columbia) meetings, one of the staff might talk a bit about gerontology. Or when someone might take a course, something like that, then you might hear the word. But otherwise, we are just long term care people doing our normal jobs. The gerontology term is much more used by academics, I think, but then they are so much more concerned with having a specialty than we are in the health care field. (Taped interview, Oct. 29, 1980).

This informant like the one previously cited does not favor the identification with gerontology. She also raises the seeming imperative for social scientists to specialize in the way that they do.

A social worker who has been involved in many seniors' organizations since the late 1950's made a specific separation between what she called "the study of aging" and gerontology:

I see the study of aging as the sort of thing that we are all doing now. The sort of action, everyday stuff like health care and policy and things like that. That's what it was then, too, in the early fifties. Gerontology is a different sort of thing. It's academic. You teach it, but you don't do it (Nov. 20, 1980).

This informant views gerontology as a theoretical, non-action oriented entity which is performed in specific settings, such in the "classroom" and in the "academic community." She also views working with the old as the "study of aging." For her the study of aging included the following:
We would identify things that were beyond the realm of our own baileywick. We did some research, leisure services, practice and experiments in community services, organizing neighbourhood programs, and church programs and volunteer efforts and so on. We also looked at things like pensions and intermediate care; we wrote briefs; we prepared stuff for conferences, etc.

The above mentioned activities included some things such as "research and experiments" which could also be done by academic gerontologists. However they were being performed by part of the "study of aging" group:

We were health care professionals, social workers, volunteer co-ordinators and some very very wise, smart old people who had grown old in the social services. They were very smart about what was needed and were able to express it from the old person's point of view. These were the experts in the fifties and sixties, before the gerontologists took it over.

The work of the "study of aging" group involved dealing with everyday practical matters such as providing different social services to the old. Moreover, and most importantly the old themselves were part of this social reality. As such, they were among the so-called "experts" on old age related issues. It is interesting to note that the old people involved in this process were, according to this informant, "very, very wise, smart old people." She seemed to be trying to emphasize that these particular people really were knowledgeable about what was going on in the area of social services, whereas some perhaps less smart old people might not. This displays, on the
one hand, a need to rationalize the non-professional involvement. On the other hand, it validates the notion of consumer input into decision-making processes where "team" approaches are favoured.

In response to the question 'what do you see as the future of gerontology in B.C.?', the social worker noted:

Well, I think for me, the high priority is the very old, and I hope, I personally wonder about this whole business of having a term "gerontology" because it seems to me to exclude sort of non-academic people who do also work with the old. I think that the term "gerontology" separates us artificially and that that is a negative thing. All sorts of people work with the old who do not use the term gerontology when talking about their work. Sometimes they do not like what it stands for -- academics, and not direct line elder care workers. Saying that one is a gerontologist is considered by many workers, and I suspect much by the old, as a snobbish thing to say, because really you are saying, 'look at the degrees I have.'

Again, the division is being made between "workers" and "academics" where the work done by the latter is not made visible in the everyday world. The nurse, social worker, and activity aide are visible to us in settings where older people congregate on a daily basis; the "academic" is not. It is in a sense "secret" knowledge about the old which may never see the light of day outside of campus walls. The knowledge is "secret" in that it is available only to those who, first, know of its existence, and second, know how to find it, where to look, and who to ask for clarification.
Given these views, the informant discussed what she considered important tasks for the future:

I think there are some age related differences among people and that there is something to be said for trying to search that out. The whole business of how much loss one experiences in later life, and how one does, or does not handle it, or how it might be handled by society is really unique to old age. You know the senses in general do decline and your friends do die and your ability to move or to be continent or to have sex is on the decline, and those kinds of things are universal, and other things that happen to people, the skin, the hair, the eyes, the cells. I think that these sorts of changes beg some extra attention. I think that in these sorts of age-related things we could do better. So there's some advantage in separating that out I think, but not maybe to the extent where we're doing it now, making a fetish or a fad out of gerontology. Now it's a case of those who know academic subjects interpreting the world for those who don't, and they are being believed.

According to this individual there is work which needs to be done by someone, even if not by gerontologists whom she denigrates as "making a fetish or a fad" out of aging. This work would involve documenting, researching and analyzing the universal, generalizable attributes of growing old, and the age related differences "among people." It is not, as she emphasizes "to interpret the world" of the old into some other kind of social reality. Interestingly, it could be debated that she herself has done a version of the interpreting against which she argues. She suggests the very issues which her own discipline would deem important.

The people I have just quoted all expressed ambivalence
and uncertainty about the nature of the gerontological enterprise. They share with the academics cited earlier the sense that gerontology works in the social construction of ideas and knowledge about old age, but the nature of this reality is either not clear or is unacceptable to them. There is also the sense, as described by the previously cited informant that some things could be done "better" and that other issues deserve "greater attention" than they are now given.

One point stands out from the materials cited to pursue the question of 'what is gerontology?' This is the involvement of older people within this enterprise. In a letter entitled "A Senior Looks At Gerontology" (November 1982), the President of the Old Age Pensioners' Association of British Columbia contributed these comments:

Why do those in the field of gerontology do their research isolated from the input that older people could give? By and large older people have the gut feeling that they have been viewed as "sick" persons with needs, or at least the object of concern and study on the part of gerontologists. If such an attitude lies simmering within the minds of those in gerontology, there is only one useful answer: more personal contact and sincere dialogue between older persons and the researchers (Rollo Boas, 1982:2-3).

This informant displays great insight into how gerontology might be made into a more appropriate tool for addressing the lives of the aged. He too invoked the notion of involving the old within the gerontological research process. A seniors' counsellor in Vancouver's West End also invoked the same
Even though I wouldn't know how to do a lot of that stuff, I'm not an academic and I just know how to do plain ordinary things, I could still learn how to do some of the things that they do. How hard could it be to ask questions of people, and then repeat what they said? I do that sort of thing all the time as a counsellor. When I go to talk to the government people I tell them what people have said to me, so it can't be all that hard, can it? If only they would at least offer to help us learn something from them, it wouldn't seem such a onesided thing (Taped interview, June 1982).

He defines the type of involvement he would like to have in the gerontological enterprise, namely to "learn" how to do "some of the things they do." I attempted interactive research with the Needs (1981) project referred to earlier. Some older persons offered to distribute questionnaires and conduct interviews. Four took the questionnaires and held interviews with people they knew in care facilities. Despite some problems such as lack of training, all claimed that they "enjoyed the experience" and "felt useful in helping out:"

It was different, that's for sure. She kept talking about things which weren't on the question sheets. I couldn't get things she said down fast enough and a lot of the time the questions didn't make sense to either of us, but it was a real experience doing it and I would like to do it again (August 1981).

Using the old as data gatherers may be another way to accomplish the notion of participatory democracy which so many of my informants invoked.
Part of the rationale which older persons put forward for being more fully involved in gerontological research is that they actually contributed to the social world as it is now known. Many wished to continue to be actively involved in matters which concern them. They indicated that if there is to be a major focus on older persons they would like to have some say in where the spotlight should be. As an informant from the UBC summer program for retired people noted:

If there is going to be all this attention on my life then I want to get my bit in too. After all I know what it means to be old. You can only speculate on what you've experienced which is a hell of a lot different from my reality of things. Anyway, I still pay taxes which means that if I'm going to pay for some of this research stuff they put out, I want to know what's going into it and how it will be used (1982).

He asserts that he is not an impartial observer of gerontological work, but wishes to participate in the construction of knowledge about his life. As if he expects that he would not be deemed a useful contributor on experience alone, he invokes his time honoured rights as a "tax payer" providing the very funds which enable gerontological work to exist.

On the CBC radio program, Almanac, aired on December 14, 1982, persons from outside the lower mainland of British Columbia were asked how the "economic problems would affect their community at Christmas." On two separate occasions "surprise" was expressed that older people had provided
"little bits of money and advice as to how they managed in the old days of the depression." In both cases the interviewees, "young marrieds," seemed both pleased and surprised that "older" people would be willing to assist others in need. This reveals a prevailing myth about the aged and their involuntary self-involvement and detachment from ongoing concerns. One member of the British Columbia advisory group to the National Advisory Council on Aging responded to this seeming surprise with the following:

Isn't that wonderful? The old don't usually feel that anybody cares to ask them about anything. Just you academics do that and then it's never anything that we can relate to. I guess you could say that these older people were telling us about how to grow old successfully eh, not like answering those wretched questionnaires academics are so fond of dishing out. (December 17, 1982).

Gerontology appears from the data presented, as a mandate to speak and act on behalf of older people. It is a label, an umbrella under which varied specializations can address issues relevant to the lives of the old. It is strangely anomalous, if not irreverent that very little gerontological work, as spoken of by informants is done by older people themselves. It is also not done, except infrequently, in the homes or 'private' social spaces in which older people congregate. Thus inevitably, gerontology reflects a certain way of thinking, speaking and doing agedness. Gerontologists have created a reality of old age which is different from that experienced by
others, including the old themselves. It makes 'objects' of the very participants or actors whose performances make the knowledge possible. This is probably not at all surprising as most "acceptable" knowledge is constructed in the scientific image, a model which has not provided any scope for living, activated and involved "subjects."

Science versus Common Sense Realities of Aging

One of the ways to tackle this issue is to examine the types of materials produced by gerontologists in the arenas where they present themselves to their clients and their peers. Within environments such as universities, conferences, care-facilities, planning or service agencies, journals, books and articles, there is a taken-for-granted assumption that gerontology constitutes a "truer" and more objective body of knowledge about old age. Gerontologists think and speak about old age as an entity separate from everyday life. They create a reality of agedness which does not coincide with that produced by others. This process of re-creating reality can be likened to what Smith calls the "three tricks" process, which she, borrowing from Marx (The German Ideology), describes as follows:

Trick 1. Individuals are asked questions, presumably in an interview.

Trick 2. Their answers are then detached from the original practical determination in the interview situation, and from the part the
sociologist played in making them. They become
data. Note that the questions are not data
(Trick 1).

Trick 3. The data are coded as to yield
'descriptions,' 'evaluation' and 'prescrip-

To avoid the pitfalls of this process by which everyday life
is transformed, Smith suggests that the social scientist
constantly re-ground the data back into the words and actions
of those who were seen to be speaking and doing. If this route
is taken, researchers would involve themselves in the same
sort of inquiry as did Socrates of his friend Cephalus:

I like talking with the very old too. For me
they have gone ahead in the journey which we
also may have to go. What is the road like,
rough and hard or smooth and easy? How does it
seem to you? Is living harder near the end, or
what account do you give of it? (Plato, Rich-
ards, ed. 1966:14).

Using this method of inquiry requires engaging oneself
in dialogue with the old, rather than in non-participatory
research wherein data-seekers provide the road maps, the
directions which the "journey" may take.

In his book Aging: The Fulfillment of Life, Henri Nouwen
refers to gerontology as a potential "caring" profession. He
criticizes the research methods used and suggests that those
doing this type of work should be more in touch with how their
presence in particular settings affects older persons. To
amplify this point he tells the following story related to him
by an old woman in a nursing home:
I was so happy when one day a nice young student came to visit me and we had such a marvellous time. I told her about my husband and my children and how lonely and sad I often feel. And when I was talking, tears came out of my eyes, but inside I felt glad that someone was listening. But then — a few days later the student came back to me and said: "I have been thinking a lot about what you have told me and about how lonely you feel...and I thought what I could do to help you...and I wonder if you might like to join this club we are having"...When I heard her saying this I felt a little ashamed, since I had caused so many worries for this good person whereas the only thing I wanted was someone to listen and to understand (1976:103-4).

As this quote illustrates, the reality in which work is done differs in perspective of researcher and the person being studied. Another informant, a student in gerontology at Simon Fraser University noted:

I find that when I am doing my research on the blind seniors that they expect me to do certain things with the information they provide me with. Like I did this thing on quality of life here in the residence and I asked them a bunch of questions about the things they liked here, well they sort of overdid it in terms of how great the place is and stuff like that. When I went to one of the residents' meetings, there was bitching all over the place, and this from some of the same people who had said it was wonderful. I guess that they think of us as spies or something. Also if they think that you are 'in' with the management they try to get you to get things for them (Taped interview, October 1982).

One of my students, who also worked with the blind elderly in 1980 provided an analysis in terms of her own presentation of self:
The people in the setting had no way of making sense of my being there as a 'researcher' so I had to change the way in which I presented myself to them. In the beginning I was introduced to them as a sociology student doing research on old age but they obviously couldn't relate to that and didn't have much to do with me. Then I decided to become a volunteer and in that way they could relate to me because they knew what to expect from a volunteer. As a 'volunteer' I was therefore able to collect my data and at the same time be useful in the setting in which I did my research.

Thus, not only must the questions asked be important and relevant to the old, they must also be asked from a recognizable role or position in life. Nouwen suggests that to be good interpreters of the old we need to recognize in them our own aging selves:

As long as the old remain strangers, caring can hardly be meaningful. The old stranger must first become part of our inner self and a welcome friend who feels at home in our house (1976:104).

Fred Gearing whose work has been called "action anthropology" makes the same kind of observation. He urges that we see ourselves in our work and in those we study, be they from a foreign culture or from an unfamiliar part of our own:

When coming to understand men of another culture one comes to recognize himself in them, himself in another guise. That means, of course, that some of the things he sees are pleasant; it also means that one sees, as he looks into himself, things that are not at all pleasant. The important fact is that one has found a people believable - that one can, given
everything he knows about them, (neither all good nor all bad) see himself doing whatever they do (1976:109-110).

Our contact with other people via research, be it on other cultures or our own, touches us, influences us and shapes our lives. It is a common view among those who have experienced field work that one of the main things we learn in doing ethnographic research is who we are. I would like to think that this is no less true for those who do gerontological work.

Measurement Scales As Indicators Of Successful Aging

I suggested that theories were ideological frames of reference, what Smith would call "Trick 3," for looking at old age. One of the main objectives of many of the theories in gerontology is to be able to predict a concept known as "successful aging." The construction and testing of theories is part of what constitutes gerontological knowledge. These theories were tested utilizing life-satisfaction, quality of life, morale, interactional indexes, and other measurement scales aimed at finding out how people adjust to old age. These scales, usually in the forms of questionnaires were administered in a interview type format. Some of the questions asked by Cumming and Henry led to answers which were said to support the postulates of the disengagement theory:
Measures of morale: 1) How much do you regret the changes you missed during your life to do a better job of living? 3) How much unhappiness would you say that you find in life today? 7) Nowadays a person has to live pretty much for today and let tomorrow take care of itself? (1961:258).

The responses to these and other questions of a similar nature were then coded as to whether a person had high morale, the theory suggesting that people with a high morale would cope with old age more successfully. These seemingly non age-specific questions, essentially philosophical in nature, were part of the ideological and value judgemental basis upon which the theory was said to be supported by the data. The sample of respondents used by Cumming and Henry was 279; each person was interviewed five times. The various interviews were given, according to the authors, for the following reasons:

Interview one was designed to get a general idea and necessarily superficial picture of the respondent and to secure his co-operation for future interviewing...Interview two begins with a general query about the respondent's welfare and asks him to describe the best and worst things that have happened since he was last seen...Interview three is composed almost entirely of precoded short questions designed to discover the respondent's perception of his present interaction rate compared with the past...Interview four was designed primarily to collect psychological material and secondarily to test some hypotheses developed from the first three interviews...Interview five repeats questions from earlier interviews about rounds of activity, the morale index is repeated, and material regarding various 'crisis points' in the respondent's life is gathered (1961:30-31).

It would appear that the data used to support the
disengagement theory, repeated Smith's three tricks process. The use of measurement scales in the testing of theories and in the production of gerontological knowledge has been the subject of much recent debate within gerontological circles, especially in the U.S.A., where most of these bodies of knowledge originate. The most famous advocate against measurement scales as an indicator of persons' aging is Frances Carp. In an article entitled "Senility or Garden-Variety Maladjustment?", she reports on a study undertaken to test the assumptions inherent in the Chicago Senility Index. This tool has:

Widespread influence because it serves as a criterion measure in classic studies on aging. The issue here is clarification of the nature of a set of behaviours which many investigators assume to be associated with growing old (1969:203).

This index was used by Burgess, Cavan, and Havighurst in the formulation and testing of the activity theory. It was used because it was seen as a:

Useful list of fifteen statements purporting to show the mental and personality changes that come with old age... The index emphasizes mental and attitudinal changes (Cavan et al, 1949:33).

Carp, in order to support her view that the Chicago Senility Index was not an adequate nor age-specific measuring device of coping successfully with aging, administered the test to two groups of subjects. In one group were ninety-five
persons aged between fifty-two and eighty who lived independently in an urban community. The other group of equal numbers ranged in age from seventeen to twenty-five and most were high school or university students. Carp found that:

The younger group had a higher proportion of 'senile' signs. This total was significantly higher (1969:205).

The results of her study, which in essence found younger people to be more "senile" than older ones, caused Carp to make the following conclusions:

the consistency of findings in these tests of the specificity of 'senility signs' to old age suggests strongly that the signs are not unique to the later years (1969:207).

The construction of reality produced by gerontologists who continue to use these measurement devices seems to be neither age-specific nor an adequate description of how older people cope with their continual life process. When using the word "cope," authors are also making some kind of value judgement which sees life as hard, as something to be put up with, whereas older people may not feel these ways about their continual pattern of living at all. A retired psychology professor spoke of this on-going process of life:

I dislike very much the notion of coping with life because it implies that we are not active participants within it. I know that the term is a jargonistic piece of psychology and social work, I probably even used it myself — but not without regret. We do not cope with life, we
enjoy it and relish it and see it as a challenge. To speak of coping is to speak of needing help, not from friends or family but from some expert who will help us to cope, to survive as it were this terrible thing called old age — or so they seem to believe it to be (Interview, July 1981).

The notion of older persons being able, or not, to "cope" with their aging is another way in which gerontologists create the ideology of help within their work.

In another article, Carp offers some suggestions to those who wish to pursue the use of measurement scales in the research on old age:

> Gerontologists concerned with the 'morale' of old people, whether in practice or research, should sit down and answer, in regard to themselves, all the questions in the grab bag, 'take' all the tests, do all the observer ratings and compute their own scores; and then cogitate upon this 'inner experience' for an hour or two (1977:15).

She suggests that if gerontologists used their own lives as "testing grounds" for their research, then perhaps the enterprise in which they participate might take on a different flavour and add an "inner experience" to their work.

If gerontologists intend to continue to base their expertise and knowledge upon measurement scales which isolate some life situations as somehow meaningful and relevant to old age, they will, according to Rosow, "short change older people." He suggests that gerontologists have devoted an "unconscionable" amount of attention to the morale of older
In gerontology, the practitioner's perspective has inundated and eroded that of the social scientist... But social scientists are not practitioners. Their concentration on morale may arise from humanitarian motives and implicitly as an advocacy stance. But it also exacts significant costs, fostering a parochial view that cuts them off from the resources of their disciplines... Our obsessive concern with morale has largely restricted gerontology to a substantive area rather than a vigorous, integral part of the social sciences... We are abrogating our special expertise and, in the process, exacting a price from the elderly whom we want so much to help (1977:45).

Rosow suggests that, whereas the measurement of morale, life satisfaction, and the ability to cope with old age may well be meaningful topics of inquiry for gerontological practitioners such as health care workers, service plannners and providers, and community facility operators, such issues of concern are not legitimate ones but "restrictive" to those who consider themselves social science gerontologists.

Because measurement scales are considered important to the knowledge base of gerontological work in that they highlight the issues of concern and inform the theories on which the knowledge hangs, some consider it important that researchers reflect upon reasons for using such data-gathering devices. Bloom suggests that they try to find some alternatives to measurement scales using "naturalistic data" where:
People do not respond to the researcher's imposed categories, but they themselves clarify the meaning of material that they have spontaneously presented. They carry their own "true" criterion with them, so to speak (1977:23).

This interactive process thus enables both the researcher and the respondent to mutually negotiate the meaning and understandings of any questions being asked. As Bloom states further, the process could also cause some reflexivity in the mind of the researcher:

Imagine yourself having a pleasant conversation with an elderly friend or relative. Can you conceive of yourself asking "As you look back over your life, would you call it happy, moderately happy, average happy, or unhappy?" Then specifying that your conversational partner could only respond by agreeing, disagreeing or answering "not sure" (1977:25).

Suggesting that gerontologists prefer to use measurement scales to obtain information because they are easier, less threatening, and more 'efficient' than some other ways of collecting data, Bloom notes:

I think that it is obvious that we researchers ask questions that are convenient for us in the same fashion that hospital beds stand waist high from the floor for the convenience of the staff, not for the convenience of the patient getting in and out of bed...I suggest that we need motorized morale-type scale items to let the subjects adjust them to fit themselves, rather than the procrustian scales we now employ (1977:25).

One of the ways data is collected to support the theories,
which in part constitute gerontological knowledge, is through the use of techniques and methods which many authors, some already cited, view with a great deal of criticism. Theories play an important role in the production of knowledge; it is through the construction of theories that practitioners of science can be seen to be vigourously attempting to produce descriptions and explanations about a given phenomenon. Gerontologists also participate in this process, and this activity is seen as an important aspect of their work.

Knowledge in the form of theories also does the work of admitting one into a particular group or segment of society. As Znaniecki puts it:

A person who is "instructed" or "learned" in certain theories is admitted to the performance of certain roles and to the membership of certain groups in which the "ignorant" are not allowed to share (1975:9).

The construction and testing of theories through the measurement of morale, life-satisfaction, and interactional scales seems to diffuse rather than clarify the concepts being studied. The very nature of things like happiness, satisfaction, and quality of life are complicated for all individuals, the old are no exception. As Weisskopf points out, scientific procedures are not the only way to learn about things in our universe. As he further points out, "scientific results...may even be counter productive." As he states most eloquently:
A Beethoven sonata is a natural phenomenon that can be analyzed physically by studying the vibrations in the air; it can also be analyzed chemically, physiologically, and psychologically by studying the processes at work in brain of the listener. However, even if these are completely understood in scientific terms, this kind of analysis does not touch what we consider relevant and essential in a Beethoven sonata -- the immediate and direct impression of the music. In the same way, we can understand a sunset or the stars in the night sky in a scientific way, but there is something about experiencing these phenomena that lies outside science... There cannot be a scientific definition of concepts like...the quality of life or happiness ...there remains an important part of the experience that is not touched by scientific analysis (1977:272).

Weisskopf is not saying that we cannot capture feelings and descriptions of happiness or the features that make up the quality of life, but that there is something within the scientific paradigm that suggests we ought not to. On the other hand, The joy of growing older is captured beautifully by the American poet, May Sarton, who wrote the following on her sixtieth birthday. It too can be seen as a representation of the quality of life:

How rich and long the hours become,  
How brief the years,  
In this house of gathering,  
This life about to enter its seventh decade,  
I live like a baby,  
Who bursts into laughter  
At a sunbeam on the wall  
Or like a very old woman  
Entranced by the prick of stars  
Through the leaves  
("Gestalt at Sixty" 1978:85).
Gerontologists may not be able to describe an aging face, be it with or without wrinkles or frowns. They may not be able to capture feelings and thoughts of the old and reflect them like mirrors in the halls of the readers' minds. But they can repeat and reflect upon what old people say in their writings, and in this way, add a flavour or colour to their own limited descriptions. The theories present a very narrow picture of the lives of older people, and, because they are not accepted as empirically or methodologically valid by many scientists, they do not work as predictive instruments either. Nonetheless, they do work as descriptive accounts of what gerontologists do, and they tell us something about the issues which they deem to be appropriate ones in the study of old age.

Integration or Segregation: The Place of the Old

Other material which constitutes gerontological knowledge is the issue of integration or segregation of the aged. This concept of whether the old should be included in or excluded from society is a common theme. Behind this is the notion of the old as a social problem and the appropriate delineation of private versus public troubles. In 1959, C. Wright Mills, in his book *The Sociological Imagination*, raised the issue of public versus private issues. For Mills, personal troubles were framed and bounded by a "milieu," the settings in which people moved about in their lives. Public issues had to do
with "social structure," the institutions and governing bodies with which members interact and whose rules are followed:

Troubles occur within the character of the individual and within the range of his immediate relations with others; they have to do with his self and with those limited areas of social life of which he is directly and personally aware...Issues have to do with matters that transcend these local environments of the individual and the range of his inner life...An issue is a public matter (1959:8).

When applied to the life situation of older people, some private "troubles" seem to become public "issues," whereas this may not happen in one's younger years. We do not ponder questions of whether to place young or middle aged persons in segregated housing (unless they are defined as in need of 'special' care) or whether to allow such persons to work, and to make specific use of their leisure time (although we do expect young children to go to school). We pose such questions, however, with financially dependent older people. The decision to move from one location to another, from one home into another, would seem to be a "private" matter but in the case of some older people, it becomes a "public issue." In *Home Life*, Rabinowitz and Nielsen document the process of making the "private" decision to enter a home for the aged. Contrary to expectations, the decision would seem to be one of a more "public" nature as it involves an outsider, the social worker. They provide an illustration which aptly makes the case of transition from private to public:
"Why do you want to come to a Home?" the social worker asked. The old woman shrugged slightly and was silent, staring carefully around the edges of the desk. "Tell her," said the son. "Tell her what?" asked the old woman. "Tell her," repeated the son, "look at me and tell her."
"Please, Mr. Varnick, let your mother say whatever she wants."
"I'm not telling her anything," he said soberly. "She knows she wants to come here and live in a nice place and she'll have people around her to talk with, whatever is on her mind. She knows." He smiled patiently and settled back into waiting. "Attractive to live in a nice place, God knows what activities."
"That's right," said the old woman.
"What's right?" asked the social worker.
"What my son said," Silence. Mr. Varnick looked up at the ceiling. The social worker regarded the woman. "But you have to say."
"Say what?" The worker began again patiently. "We were talking..."
"She knows," Mr. Varnick said to the ceiling. "About your coming here to have a nice place to live."
"Everyone wants a nice place to live. This is true," the old mother told her son. "Nobody wants a bad place to live," she explained to the worker. And the worker duly recorded Mrs. Varnick's voluntary request for admission (1971:17-18).

What would have been, in other circumstances, a "private" decision to move from one setting to another has become a "public" issue for the family, the social worker, the other people in the "home," and those friends, neighbours, and daily acquaintances left behind. This situation exemplifies another way in which the work of 'experts,' in this case the social worker, is activated by lay people. In the example just cited, Mr. Varnick attempts to shift his "private" problem of "what to do with mother" into the "public" realm which the social
worker represents. Mrs. Varnick's "private" troubles then have become very "public" ones over which she seems to have little control.

No doubt the decision to move into a home is a very complicated one especially when the older person is either in ill health, confused or forgetful and therefore open to accidents, or is incontinent and unable to take care of him or herself. If this individual has a family, what may have initially seemed like a private trouble can be transformed into a public one. In some homes in Vancouver, the social workers attempt to diffuse the private trouble from the older individual to his or her family. In this way, "private" refers to the entire family with some "public" involvement from the social worker in the decision-making process. A social worker in a home for the aged, noted:

I try to involve all parties concerned, the old person and the family in the decision to move into the home. We don't accept anyone who doesn't choose to live with us so we take every precaution to make sure that they really want to come. We talk with the older person alone and then with their family present. If the family won't agree to this, and some do not, we refuse their request to accept the old person. I try to make all involved recognize the losses and gains involved in mother or father coming to live in the home, losses and gains which they all experience. If the older person has no family but is referred to us by either a doctor or social worker, I try to find out from anyone who knows him or her, about their likes and dislikes and whether or not they would be happy living with us. It is more complicated with single people because they don't have a family support group for us to work with (Interview, July 1981).
In this illustration, it can be seen that some homes for the aged do recognize their workers' intrusion into otherwise "private" troubles, and attempt to minimize that involvement.

Another way in which gerontologists invoke the notion of private and personal troubles as part of their domain is with respect to the role "society" must play in providing services to the old. In this way, "private" troubles become "public" ones if or when a person is defined as no longer capable of making decisions about his or her own life. A social worker and gerontologist observed:

> It was my students who turned me on to private troubles -- old ladies who didn't want to leave West Vancouver and who were, who would do anything to hide the fact that they were no longer capable of managing on their own, and for whom we found family care homes, you know, family foster homes and so on. So we did, we did get into a lot of the private troubles. Who would bury the person and how could you get money for these untidy things that were happening to older people? We also did things like try to contact family members who lived back east and far away so that they might know what was happening to the elder members (Taped interview, 1980).

Even though this woman refers to these life situations as "private troubles" for the older people whom she and her students came into contact, the fact that she, and not they "found care homes" and found out "how you could get the money..." and "contacted family members" seems to suggest that these troubles had indeed become "public" issues.

When I conducted research in 1981 on the needs of the
elderly, I interviewed a group of service providers to see how they identified special need areas. The director of an alcohol rehabilitation program for seniors was asked how his agency came to know of suspected elderly alcoholics and how his staff approached the problem. He responded:

Well, we get the MD's to notify us of any of their patients who might have a drinking problem. We also find out from social workers, home-makers and other aides. We get them to give the patient our card, to tell them that they should talk with us and then we go in. We start right out by telling them "we know that you are an alcoholic. We want you to know this and admit it. Then and only then can we help you." We go into their homes. We check their cleanliness, their personal appearance, see if they have food in their cupboards or refrigerators, things like that. Then, when we are pretty sure that they have a drinking problem, we tell them that they must attend a clinic or a rehab program. We warn them that if they don't take care of themselves, someone else will have to...Of course, we only hear about those on welfare or getting something from MHR (Ministry of Human Resources).

The people this informant spoke of were persons who encountered "private" troubles, an inability to cope with various aspects of their lives and presumably to deal with their problems in a "private" way. Their private troubles then became public ones which needed to be dealt with by "social workers, home-makers, and other aides" through the public agencies of "welfare and MHR." It is noteworthy that only some "troubles" and "problems" become reportable.

Similarly, a home-maker told of a situation where she "suspected" that one of her two clients was an alcoholic. She
described how she "knew" this and what she subsequently did about it:

I have this old gal, she's a sweet biddy but a bit inclined to drink, I suspect. I go to her two days a week and I notice that she has glasses around. One day, when she was sleeping after her lunch, I looked into one of her cupboards and found a bottle. When she woke up I asked her, "Mrs. J., are you an alcoholic?" Of course she got quite upset and denied it. I reported my suspicions to her social worker; she comes in about once every two weeks. She said that she had noticed the glasses around too. So I figure that she probably is an alcoholic. I tell my supervisor now and she tells the doctor when she makes her monthly call into him to report.

Based upon visits "two days" each week and finding "glasses around," this informant "suspects" that her client has a drinking problem especially as "she got quite upset and denied it." Further, the social worker who visits the client "once every two weeks" comes to the same conclusion, based upon the same circumstantial evidence, that is, "she noticed the glasses around too." Mrs. J. is then defined as an alcoholic because she is required to utilize "public" services. Were she able to care for herself, this situation may not have arisen.

The ability to recognize the shift from private to public is part of what is said to constitute gerontological knowledge. A nurse-practitioner and gerontology instructor observed:

I think that, well, gerontology helps us to be able to recognize when people are in trouble and they need help for that. They may see their
problems as personal or private ones but once we are asked to become involved in their lives, then the matters obviously become more public. I certainly expect my students to be able to recognize when they must intervene in order to provide help to people ( Interview, June 1981 ).

She obviously sees her role in the nursing setting as an intervening one. Others suggest that experts do not merely recognize the shift from private to public issues, intervening when they feel it necessary, but rather they help create the problem in the first place. Scott, in reference to the blind writes:

Many of the attitudes, behaviour patterns, and qualities of character that have long been assumed to be given to blind people by their condition are, in fact, the result of ordinary processes of socialization...Organized intervention programs for the blind play a major role in determining the nature of this socialization. Blindness then is a social role that people who have serious difficulty seeing or who cannot see at all must learn how to play (1969:3).

According to Scott, blind people (and I would suggest the old too) become what agencies or experts designed to help them expect them to be. The beliefs and assumptions of old-age workers have a profound impact upon old people's lives.

Some authors, Kent, Kastenbaum and Sherwood among them, stress that outcomes are more important than the expertise of those who plan and implement programs aimed to help:

The usefulness of programs of service must ultimately be measured not in terms of whether they were designed by "experts" and are being
offered in a professional manner by qualified persons but rather in terms of outcome — whether the program is producing the desired change in the target population (1972: xiii-xiv).

These authors stress the need to evaluate the effectiveness of programs aimed at helping the old and suggest that this is another way in which gerontologists can bring their expertise to the study of aging. Binstock takes this idea one step further and suggests that the "action" people are those responsible for planning programs to help the old:

The responsibility for converting basic knowledge in the field of gerontology into actual benefits for older persons lies with the "action people" — those who are developing policies and programs and arranging their implementation (1966:157).

This "converting of basic knowledge" into "actual benefits" is one way in which private troubles and personal issues become constituted as the type of material which 'rightly' belongs within the gerontological framework of knowledge. It is also another way in which gerontologists are seen to be experts on issues relevant to the lives of the old. "Public" issues require public involvement and as such they are visible and open to inquiry. "Private" troubles are invisible, and hence do not exist for the scientific world to 'discover.'

The notion that the "action" people are the ones converting their knowledge into benefits for older people is also shared by Atchley who claims that knowledge and action
are more interconnected in gerontology than in other areas of the social sciences:

Realistically, knowledge is generated mainly to inform practice. Thus, in social gerontology knowledge is used to improve practice and the results of practice are used to refine knowledge. Practical needs also serve as a primary source of research topics. This interplay of action is particularly evident in social gerontology compared to other areas of social science (1980:19).

Atchley's definition of what constitutes gerontological knowledge, e.g. it is generated to "inform practice," provides a limited view of the use of such knowledge. His statement implies that only knowledge generated by and for the use of practitioners is valid. There is no room in this definition for everyday observations of aging as a lived by member experience, unless the aging individual is seeking service. Although Atchley recognizes that observations of everyday life, what he calls "impressionistic ideas" do produce some "useful decisions," he nonetheless advocates a more "scientific approach" because "scientific ideas are preferable only because they generally can be more easily evaluated."

**Advocacy versus The Search For Knowledge In The Gerontological Enterprise**

What the knowledge base of gerontology could be has been debated by Maggie Kuhn, president of the Gray Panthers, and by George Maddox, president of the American Gerontological
For Kuhn, gerontology should take a more "radical" approach to the study of aging:

A radical gerontology would go beyond the usual social divisions of sex and race and age. I believe its scope should reach beyond "life satisfaction adjustment" to the structural conditioning and restraint of society, and to the forces that improve and enhance the quality of life and make society more humane and just (1987c:423).

She suggests that gerontologists treat the needs of the old as part of the on-going social process and not as something which "just happens to come along at sixty-five." Kuhn prefers that they examine the social system in which people become older in order to acquire a broader view of how they become viewed in the ways that they do:

Gerontology has sought to identify ways in which old people can adjust to, and become integrated into, existing social systems with the assumption that the system is basically good and that its minor flaws can be eliminated by mere "gerontological tinkering" (1978c:423).

Kuhn accuses gerontologists of reinforcing the view that society is "good" and that the old need to be helped adjust to it. In this way, she is suggesting that the gerontologist is serving his or her own best interests.

For adjustment, victims obviously need services. In modern societies services and human relations have become salable products in order to provide profits, jobs for professionals, and accumulation for investment (1978c:423).
Kuhn argues further that gerontologists hold attitudes and preconceptions about the old which reflect middle class ideologies:

Gerontology has certain unadmitted preconceptions about old people which reflect the class interests and biases of middle-class educated professionals. These biases are reflected by the gerontological societies as they attempt to meet the needs of several thousand prolific professionals in search of publications, a grant, or professional identity.

Although admitting that several seniors' organizations in the United States also have "middle-class roots," Kuhn recommends that such groups and gerontologists work together in attempting to address concerns to the "larger public interest." In her concluding remarks in this discussion, she proposes that gerontologists as a group engage in self criticism and a fuller recognition of their role in the social construction of agedness:

This correspondent believes that researchers as well as advocacy groups would benefit from forthright and vigorous self-criticism, and recognition of the extent to which all of us are conditioned by the prevailing values and priorities of an acquisitive profit-centered society.

In this dialogue, Maggie Kuhn put forward some of her own, and the Gray Panthers' ideas as to the type of material and activities which could constitute gerontological knowledge. As can be seen from her comments, she recommends an activist oriented role.
In response, George Maddox argued that as "scientists," gerontologists may not be in the advocacy business:

That scientists as scientists should consider organized advocacy for one group or another public cause as a legitimate obligation or as a contribution in the public good is not so obvious, at least not to me (1978:425).

Arguing that the goals of gerontologists should be directed towards "specialization" and "excellence in science and training," Maddox expresses his concern that "not enough data on aging exists:"

I am concerned about a strong dedication to basic science, so that it may be maintained in order to have something substantial, reliable, and valid to translate (1978:426).

Whereas Kuhn was suggesting that gerontologists use their knowledge to advocate a new type of society which would recognize the old not as victims but as useful and productive members, Maddox seems to be saying that as scientists, gerontologists do not yet know enough to be able to do this. The notion that social activities, life-situations, and human behaviours can be described in 'full' implies that such events are not on-going and changing. The concept of not having "enough" data also does the work of leaving the scientist behind the social change process. Because he or she can never collect "enough" data, he or she can therefore never tell the 'true' story. Lynd also points out that whether the social scientist participates in social change or not, it occurs:
If the social scientist is too bent upon 'waiting until all the data are in,' or if university policies warn him off controversial issues, the decisions will be made anyway -- without him (1939:9).

Arguing that social scientists study things known because they are easy to recognize, Lynd suggests considering greater challenges the "unknown and chaotic:"

The social sciences have tended to...stress Knowledge and Order, rather than the vast areas of the Unknown and Chaotic (1939:118).

Maddox argues for a greater commitment to scientific procedures for knowledge producing:

A commitment to science includes knowledge building, knowledge dissemination and knowledge implementation (1978:425).

According to Maddox, what constitutes gerontological knowledge is "research into aging" as defined by "scientists." It is not, as Kuhn had recommended, to use the knowledge as a resource in taking an advocacy role. For Maddox, the "scientist" and the "advocate" hold different positions in life. He distinguishes between the two in the following way:

Advocates believe, or act as though they believe, they have answers to complex problems which they will implement if they can...Scientists, on the other hand are committed to continual inquiry; they have few incentives to accept uncritically conventional answers to questions (1978:425).

Thus, knowledge must be collected for its own sake and for
predicting "scientific" outcomes.

In looking back over this sub-chapter, it can be seen that what constitutes gerontological knowledge is a variety of concepts and ideas, usually defined by gerontologists as 'relevant' to the study of aging. In this "stock of knowledge" is found research on issues such as successful aging, adjustment to old age, life satisfaction, morale, and so on. Some of the research on old age has been collected as data to be used in the testing of theories. In these cases, numerous questionable measurement scales have been used to collect information as to how people respond to their later years as defined by researchers and not the old themselves. Other research conducted ranges from issues such as the voting behaviour of older people to health care need evaluations, housing preference, and religious activity. In 1981, over twenty subject headings of projects and papers were noted in British Columbia alone (Auger 1981). A summary from that report shows how research topics were distributed:

<table>
<thead>
<tr>
<th>Distribution of Subject Areas</th>
<th>Number of Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health</td>
<td>54</td>
</tr>
<tr>
<td>2. Shelter</td>
<td>24</td>
</tr>
<tr>
<td>3. Social Services</td>
<td>11</td>
</tr>
<tr>
<td>4. Income</td>
<td>15</td>
</tr>
<tr>
<td>5. Social/Psychological</td>
<td>13</td>
</tr>
<tr>
<td>6. Food</td>
<td>4</td>
</tr>
<tr>
<td>7. Justice System</td>
<td>3</td>
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<tr>
<td>8. Mobility</td>
<td>2</td>
</tr>
<tr>
<td>9. Recreation</td>
<td>2</td>
</tr>
<tr>
<td>10. Sexual</td>
<td>1</td>
</tr>
<tr>
<td>11. Education</td>
<td>1</td>
</tr>
<tr>
<td>12. Other</td>
<td>2</td>
</tr>
</tbody>
</table>

132 research items over 15 years (1981:1).
The most common concern, touched on in many areas of the research, was the low income level of many older people. This was seen as affecting their ability to get adequate housing and comprehensive health care as well as limiting their recreational opportunities. Frequently, recommendations for volunteer participation in services to the elderly were made. Also, the desire for older persons to remain independent was mentioned often in the literature (Auger 1981:13).

One of the frustrations expressed by many researchers in the area of gerontology is the lack of continuity or availability of research findings across disciplines, academic settings, and geographic regions. Whereas much research on aging is being conducted across North America and elsewhere, it is not accessible to other researchers in related fields, or to the old through seniors' organizations or groups.

In his introduction to Old Age: A Register of Social Research, (Hilary Todd, ed.) Hedley Taylor, Senior Research Officer for Age Concern, makes the following statement about British research studies on old age. Much of what he says seems highly appropriate to the research on gerontology undertaken in Canada:

The problem is that research in this country is spread widely (and thinly) amongst a large number of institutions and individuals each working on their own area of interest and with apparently little attention given to what colleagues are doing in other universities, hospitals and social services departments. The result is that in all the counting of heads, surveying of needs and evaluations of services,
one thing which seems to have been overlooked is that old people live in a community, the shape and nature of which largely determines the quality of their lives -- the strength of the family and neighbourhood networks, the provision of clubs, day centres and other leisure and work opportunities, the availability of cheap transport (or any transport at all) and the accessibility of services of all kinds, commercial, public and voluntary -- all interact and the existence of one may compensate for the absence of others (1978:vi).

In arguing for a "political gerontology," Estes suggests re-structuring research endeavours away from a "description of what old people do" to concentrating on the forces which generate the necessity of doing anything:

Such a research agenda would include the investigation of: how aging becomes socially defined and learned; how the process of age identification arises; awareness among all age groups of old age as a problem...How can a politics of aging affect the distribution of resources towards all old people? (1978:49).

Instead of a research ideology which accepts aging as a given, as something taken for granted, Estes suggests that it be seen as something to be explained, to be described in the everyday accomplishments of society members.

Much of the research in gerontology, as in other social sciences, translates everyday talk into another type of language recognizable to other scientists. In 1981, Nicholas Zay edited The Dictionary of Terms in Social Gerontology. This text lists over 2100 items commonly used in gerontological work. Common concepts in gerontology constitute a different
(from everyday talk) language and do the work of setting up professional classification codes. Topics like life-cycle, senescence, senile dementia, age-segregation, age-grading, and so on take on a different relevance when applied to gerontological ways of seeing old age. Methodologies also take on a special significance when applied to gerontological research. The tools for data collection thus become age-cohort analysis, age-cohort centrism, longitudinal, cross-sectional as well as other related methods such as surveys, measurement scales, and interviews.

In gerontological research, the old are classified into three distinctly different groups whose names vary according to the researcher. From sixty-five to seventy are the "nearly" or "almost" old. From seventy-five to eighty, they are the "old," and from eighty-five up, the "really" old or "old" old. The differentiation of people on the basis of chronological age is said by most gerontologists to be relevant because each group of persons is assumed to have different needs of the social system.

Whereas many gerontologists believe that age groupings are helpful when talking about providing social services to people in specific age-ranks, to others, Crandall among them, this age labelling is just another way in which gerontologists can be seen to be "confused" or ambivalent about their work. He claims that such a practice only adds to an already existing confusion within the enterprise:
Depending on the researcher, a sample of individuals fifty-five years old could be classified as old, older, aged, elderly, geriatric, older adults, nearly old, in senior adulthood, young-old, in late adulthood, in late middle age, in mid-life, middle aged, or young (1982:3).

Arguing that definitions are very important in disciplines and in research projects, Crandall suggests the following recommendation:

It is clearly time that gerontologists, journal editors, and journal referees decide upon whom they are studying (e.g. the aged, elderly, seniors, etc.) and the chronological age, or other salient characteristic of this group.

Many older people complain about terms such as "the aged," "the elderly," and "senior citizens" because they see this labelling as taking away each individual's unique personality and way of life. An informant, a member of the UBC Summer Program for Retired People planning committee observed:

I hate it when we are all lumped together in the names aged, elderly, old folk, that sort of thing. It didn't happen when I was younger and I don't want it to happen now. I am me, me is only momentarily seventy-six, next year I'll be older. I do not want to be 'one of them.' I am a unique person and I want that to be recognized when they talk about me in their papers and research. I would like to read 'V. is a really unique person who is older than she was last year,' no more or less (August 1982).

Whereas some older people prefer not to be labelled (the same could be said for most people), some gerontologists on the other hand not only imply that the aged are a homogenous
group per se, but also that each sub-group of individuals are also similar in terms of personality, attitudes, and lifestyle.

In the study on gerontological education by Johnson, Britton, Lang et al., cited earlier, the researchers chose 141 panelists in gerontology whom they believed represented "a range of perspective and knowledge in the area of gerontology" (1980:10). Although this study used American respondents only, it does provide an interesting list of disciplines and professional functions where gerontologists do their work. Based upon my involvement in this field, I would suggest that Canadian gerontologists do their work in similar social settings. In answer to the question "what type of organization is your current place of employment?" the following responses were given: "74% were employed by educational institutions...82% were now, or had been involved in teaching" (1980:12).

Forty-six percent of the panelists said that research was their primary or secondary function within their employment setting. The disciplines most heavily represented by the panelists were first sociology, then psychology and administration or planning, then nutrition, and social work. These results provide a good indication of where much gerontological work occurs, and what is clear from this particular study is that very little of it takes place in the lay community or in settings to which the old usually have
access. In this way, such work is not necessarily subject to lay scrutiny and is not open to criticism and researcher reflection in the same way as more 'public' materials. The notion that gerontological work is not subject to public scrutiny (the same can be said of much social science work) was also invoked by one of my informants in a conversation in June 1982. This retired faculty member at the University of British Columbia spoke of this issue in the following way:

I remember well that I used to think when I sat in on thesis defences and such like, 'why cannot this person make this information more useful, more available to the public for their edification?' I am sure that if some of these scholars in gerontology, and in other fields, especially some of the esoteric earth sciences, had to appease the general public with their work instead of their peers, that we would see a very different kind of research, and a different kind of researcher indeed.

This individual suggests that researchers would produce a different type of reality in their work if it had to be read, understood, and perhaps be useful to a greater variety of readers. Estes (1978, 1979), Marshall and Tindale (1978-79), Philibert (1974), and most recently, Seltzer (1983) point out the knowledge produced by gerontologists reflects upon the attitudes and values of their community. As Seltzer notes, social gerontologists, like most social scientists, often tend to be:

...middle class in their normative orientation
...We are dwellers in professional villages. We know one another, we see one another, and serve
as one another's peers, reference group members and significant others...Participation in professional associations provide some with opportunities for "circulation of the elite"...The meetings also serve as environments of positive reinforcement for our efforts (1983:121).

The "professional villages" in which gerontologists live and do their work reflect their "middle class," academically oriented ideologies and thus cause them to focus on issues which they deem to be relevant and adequate accounts of old age. As well, the knowledge which they produce is usually collected via quantitative methodologies which are positivistic and "normative" in scope as opposed to qualitative and reflexive. It is this lack of reflexivity and a questioning of one's own motive for doing work in particular ways which cause some authors, Estes (1978, 1979) and Marshall and Tindale (1978-79) among them, to call for a "radical gerontology" which would, among other things:

Display a commitment to the "constituency" of the aged...since conceptions of the world for everyone, including gerontologists, are influenced to some extent by the individuals' social location. "It must be stressed that knowing is always a relation between knower and known. The knower cannot therefore be collapsed into the known. To know is always to know on some terms...therefore as the knower is situated historically and culturally...to be situated as such entails ideology (indeed, if to be human entails ideology) then knowledge is fundamentally ideological" (Smith 1974:39-54). Gerontologists ought to explicitly address the research dilemmas which follow from the discrepancy between professional and sponsoring constituencies and the constituency of the research "subjects" -- the aged (1978-79: 171-72).
A "radical gerontology" would, according to the authors, document and describe the everyday life situations of the old from their perspectives and interests. In this way, the old would become constituents for whom gerontological knowledge would be produced. Issues deemed to be important to the old would be included as legitimate concerns for gerontologists.

Whereas gerontologists may contend that their knowledge is based upon research skills, professional expertise, and reliable information about the aging process, this material is seen to have other uses by the aged. In the October 1975 edition of the Canadian Legion newsletter, author David Thomas warns older people to "Watch Out for the Gerontic Code." The code displays some common experiences older people claim to share in dealing with those who either study or provide care to them:

1. Whenever an elderly person is present, he must be discussed in the third person, particularly if he is within earshot. Discussion must be carried out in a manner that would suggest to its subject that he is not truly present, or that his presence is a matter of indifference. This is a basic precept in that it represents the entire philosophy of the code (1975:7).

Thomas suggests here that those who work with and for the aged treat them as invisible. He claims further that the manner of speaking about and doing for the old, as though they were not present, occurs in "almost any situation where the elderly are being entertained or cared for" (1975:7).
Claiming that those who follow the "code" are condescending in their attitudes towards the aged, Thomas states in item two:

The elderly person must always be addressed as 'we' on those occasions when it is absolutely necessary to address him directly. This is known as the First Principle of Condescension (1976:8).

Many seniors, especially those in care facilities, agree wholeheartedly with this observation. At a facility in Vancouver (June 1981), a worker informed me about the activities offered at the 'home: '

"We really like the bingo sessions, don't we, Mr. S.?" speaking to one old man sitting in a chair by the window.

He replied, "you might like it, but we (circling his arms to imply his neighbours sitting around him) prefer to watch television."

"We are only kidding," she confided to me, as though she had made the previous remark herself (June 1981).

The work which the word "we" does in this account creates the notion of togetherness, showing that the individuals in the facility are all members of what this informant calls "a happy family." In this way, no division is made between the activities of "clients" and "workers" who all reside or have access to the 'home.' As this informant pointed out, several "techniques" are used in staff/patient interaction to ensure that the notion of "home" is instilled:
We do everything which we can to make sure that the patients feel at home here. That is why we do not wear uniforms. Of course, we do wear name tags and the patients don't, but that is for the benefit of the families when they come to visit. We tell each new patient not to think in terms of client and worker but in terms of family and friends. We are, after all, here to help them lead a good life in the home (June 1981).

The assumption this informant seems to make is that the absence of uniforms and the creation of a non client/worker relationship causes the older people who live in the residence to think of the place as their "home." It could of course be argued that in one's home, one can eat meals when one chooses, enjoy activities at one's own leisure, make one's bed if and when one wishes, have visitors at any time of the day or night, and choose colour schemes and furnishings. Creating a "home" is more than merely changing names or informing people to think differently than they have in the past. It is a complex system of relationships and activities which individuals plan and produce to suit their own needs.

Code item three is stated as:

Conversations with the elderly must be carried out in a loud, high pitched voice. Everything must be stated in simple terms and each phrase should be repeated at least once.

Here, Thomas suggests that those who work with the old make certain assumptions about them, in this case, that they are all hard of hearing and slow to understand things. In this way, he implies that professionals working with the aged
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perceive them as a homogenous group. Item four of the code follows along the same line of thought:

When elderly people are present in significant numbers, they must be herded. This applies to housing as well as to social gatherings, and they must be made to realize that it is for 'their own good' to be with 'their own kind.'

In commenting upon how he has "observed" the treatment of older people by workers in community centres and care facilities, the next two items of the code refer to activities conducted in such settings:

5. The elderly must always be cajoled with participating in group activities --- preferably of a childish and humiliating nature. If these activities can be performed only with physical difficulty, so much the better.

6. When the elderly are gathered together, they must be made to sing. Great care must be taken in the selection of songs, which should be infantile, sentimental, of no musical consequence, and at least thirty years old. (1975:9).

The final items in the code refer, again, to the types of assumptions held by some workers towards their elderly clients. They also reflect some of the negative stereotypes of the old held by many other people.

7. An elderly person must be allowed no opinions or power of decision. Anything said by an older person must go unacknowledged, or at best, recognized only by a condescending smile and patted head.

8. Serious discussions must never be conducted
in the presence of the elderly -- particularly on such subjects as death, politics or civil rights. Of course they must be encouraged to talk. It keeps them occupied for hours.

9. Always grin at elderly people and pay them extravagant, improbable and even untrue compliments.

10. Romance and sex (especially the latter) must be forbidden, except when they can be practised (1) in public, and (2) in such a way as to cause amusement to others. It must be remembered that all old men have potentially dirty minds, while old ladies are invariably disgusted by "that sort of thing" (1975:10).

The "Gerontic Code" which Thomas claims is representative of the social reality of the old as presented by those who work with them is indeed a negative one. It is a cynical version of what 'really goes on.' However, some of the issues which Thomas raises are brought up regularly by older people, especially at Legion, Old Age Pensioner, and Seniors' Counselor meetings. These ways of viewing the old as not 'real' persons have also been documented by Baum (1974, 1977), de Beauvoir (1977), Gubrium (1975), and Rabinowitz and Nielsen (1971). The Gubrium book entitled Living and Dying at Murray Manor is especially interesting because in it, the author tries to show how the different types of social reality are constructed by both patients and staff who work within a home for the aged.

The old who live in institutions are labelled clients, patients, or residents (as formulated by the last group). Activities which go on in these institutionalized settings are
designed to assist workers in their ability to get the job done. It is the social organization of the staff's time which is of primary importance. Some of the activities Thomas outlines are thus structured to suit the organizational frame of reference of those who administer and provide services.

The material stuff of gerontological knowledge, the research -- what people like Andreski call "re-search for things that have been found long ago and many times since" (1974:11) -- the expert and professional opinions, the data from observation and experimentation is seen by some non-gerontologists, like Thomas, in very negative ways indeed. Crandall suggests that in the research conducted during the past ten years, gerontologists still have a long way to go in their attempts to help change the status of the old from a negative into a positive one and that even though two "excellent articles" appeared in 1975 pointing out the deficiencies in gerontological research:

...the problems still existed in 1980 and one can state without hesitation that the "quality of research in gerontology is still strained." It currently appears that many samples are obtained more on the basis of researcher convenience than upon any acceptable scientific standards. This makes it difficult if not impossible to compare research results. ...It still appears that we know virtually nothing about the aged members of ethnic and racial groups and more studies on aged women are needed. Additionally, researchers are still reluctant to report the characteristics of their samples. The time has clearly arrived for gerontologists to stop publishing research submitted by researchers who are only capable of gathering
data in small, non-random, poorly described groups of individuals conveniently labelled "aged" (1982:9).

Knowledge for Whom?

"Have you ever heard older people saying 'I'm off to the gerontologist's now?' asked the president of the Old Age Pensioner's Association of B.C. We were engaged in a conversation about why gerontologists do what they do:

Who in God's name invited them to study us, to describe us, to theorize about us? Are we so different from them (gerontologists)? Are we more interesting or boring, more tired or confused? Would they know? I know of not one single person, have not heard of one old person who would ever seek the assistance of a gerontologist. To me, you (referring to the writer) are not a gerontologist but an honorary old person, a friend who works with and not against us. If we, the 'clients' as they like to call us, do not use their services, who does? For whom do they create their knowledge? (February 1982).

This informant, activating a predominant ideology of his peers, implies a kind of colonialism on the part of gerontologists. This process has been referred to by informants as the "them versus us syndrome" (June 1981).

We -- the old ones -- are separate from them -- the gerontologists, who are usually young. "We" are supposed to rely on "them" for assistance. "They" send their students down here to talk to "us" and then they say "here's what old people do." They haven't figured out yet that "they" become "us" after a few more years of living. We feel sorry for them and it makes us mad that they don't figure it out.
At this same meeting of Seniors' Counsellors in the West End Community Centre in Vancouver, another informant put the situation of "them versus us" as follows:

Well, I have it all figured out anyway. We have to be "us" and they "them" because otherwise they will have to recognize their own old age. The way they do it now, they can pretend that they'll never get old and as long as they keep coming to us for stories and answers and research information, then they'll never have to get old.

There is in evidence again the strong notion of exploitation where research serves the researcher. In this case, it is not merely the monetary reward or the career projectory being discussed but the psychological benefits gained by researchers. These accounts are typical of those regularly produced by persons who find themselves the victims of perhaps unwarranted efforts passed off in the name of commendable action. The theories of gerontology not only attempt to produce knowledge about the aging experience, but are also used as predictive statements about old age which can be used in practical settings such as hospitals, care facilities, and community centres. Much academic research on aging is conducted because monies are made available through specific government or university grants. Many in gerontology entered the field as the result of "re-orientation" funds made available through the Canada Council to non-gerontologists who were full time faculty members. After these funds were announced, I and several others received telephone calls and
letters asking us what topics the hopeful re-orienters should study. As one professor of English at UBC put it:

I am fed up with teaching Chaucer and haven't published for some time. You know the publish or perish problem. So maybe there's something I could do in gerontology.

A similar request came from a post-doctoral student in History who had heard that "there is a lot of grant money around these days in aging." When I asked her what her interests in the field were, she answered frankly:

I have none, but I have a year to go before my faculty appointment is approved and I need the money.

The need for funds and for publications is felt by most academics who wish to survive and achieve recognition in their chosen field. As Lynd points out:

Most social science research is done by men who gain their main livelihood as teachers...Like everyone else the teacher has given heavy hostages to fortune: he has a family to rear, usually on a not too ample salary; his income depends upon the academic advancements he can win, and these in turn depend upon "productive research"...and yet research increasingly demands in these days that the golden sun of outside funds shine upon the would-be investigator (1939:10).

Even though he wrote these words more than forty years ago, Lynd's comments seem just as accurate a picture of the academic (female as well as male) now as they did then. Today's teacher/researcher is in an even greater bind due to
the fact that enrolments of students are higher, more disciplines compete for less funds, and more researchers seek financial assistance.

The academic researcher in gerontology may have different reasons for producing knowledge on aging than does the service-oriented counterpart. Some clearly indicate a "knowledge for knowledge's sake" orientation and say that they feel no responsibility to make their knowledge available to the old. Instead, they express a commitment to "studying human behaviour:"

Frankly, I don't care whether they (the old) understand it or not...I am not interested in collecting data which is useful to them. It must be useful to me. I have been studying attitudes and belief systems for many years now. That is useful to me and the scientific community who are my peers (Psychologist, UBC).

God, I don't want to get into any of this responsibility to subjects stuff. I just want to test and examine human behaviour. I want to enjoy my work. They wouldn't understand if I told them what I was doing, and anyway, that's why I'm paid to study them and not vice versa. I am adding to a knowledge base which has been around for over fifty years (Visiting Professor of Sociology, UBC).

Both these informants imply that the knowledge they produce is for "science" and for themselves. Given the manner in which funds are made available to academics to study population groups, and their situation regarding research, publications, and tenure, it seems likely that the picture they present is an accurate one. In response to the question "what do you see
as the future of gerontology in B.C.," one informant said she was "very concerned" at the seeming "lack of responsibility to elderly respondents by gerontological researchers" (Taped interview, Oct. 23, 1981):

I get quite concerned with the people out here (UBC) when they talk about their research interests in the elderly because I do believe that we ought to do research about things that matter to seniors. And we know what some of these interests are because they tell us. I believe that our research should be directed towards making their lives better and not the researchers' solely. If some of the researchers out here had to discuss their projects with seniors, they'd learn a lot of things they wouldn't bargain for.

A lack of scrutiny of their work is perhaps one reason why some gerontologists prefer to do it for themselves and their peers. An argument is often made against involving older persons in the research endeavours, other than as informants:

The lay public cannot and should not be able to converse in scientific terms. The old cannot be trusted to know what they need, they cannot be objective or possibly have the research resources which we have. And I for one don't expect them to. I consider myself an expert on social science research. I should be after all of these years of doing and teaching it. The old must trust me in that. (Field note, conversation with a sociologist, UBC, Nov. 17, 1981).

Some of the problems which face academic researchers also face their service/practitioner colleagues. Often, planning agencies and social service organizations find themselves in the same search for funding. When population groups are
singly out for study, it is usually a universal decision by government funding agencies. Specific years or "problem issues" seem to be set aside for study. We have seen in the past five years in Canada that the ideological thrust has emphasized the needs of women, the handicapped, the old, the rural, and the ethnic. When funding bodies like the Canada Council set policy regarding which population group will be emphasized in terms of research projects, other funding agencies usually follow suit. Even though the needs of the old may be seen to increase, and research into these needs may be deemed necessary, funding is not as accessible in some years as it is in others.

A social planner working with the aged through Vancouver City Hall, raised another important point about research and the elderly:

One of the biggest problems you have when funds are tight is the re-interpretation of grant applications. So, if you know that housing is the number one problem which needs research, and you can only get funds to study nutrition, because that's the 'in thing' this year, then you have to try to get something passed about food and housing. Someone in Ottawa decides nutrition is the 'biggie' of the year and all the funds go to it, regardless of the needs here in B.C. Provincial and municipal governments then take on the same priorities: one, because they think that maybe Ottawa knows something which they don't; two, because they don't do any research unless they have to anyway. They'll only fund something if it is going to look good for them politically (Taped interview as part of the Needs project, July 1981).
For many agencies and organizations who work with and for the aged, grants and research funds are a large part of an operating budget. In many cases such funds are applied for and received even though there may be no perceived need in the community itself for such work. In this way, the funding criteria and not the actual reported experiences of the old create the research interests. As the previously quoted informant also said:

The research monies act like indicators. Who applies is who needs; who is doing what, where, gives the funders some indication of what's going on. They can't be expected to just give out money to study what we know needs to be done. That way they don't have control and they don't have their fingers on the pulse.

Whereas the academic can claim to do research for the benefit of science and in the pursuit of furthering knowledge, the practitioner or service-oriented worker usually has a more specific goal. Often such research arises out of the need to evaluate a program, to find ways to provide better access to service, to identify needs in a given community, to describe programs that work in order to assist others in setting up similar ones in other areas, and so on. This type of research then is usually conducted in response to an identified problem and is specific to a particular setting or situation.

Many organizations are now stressing the need for the special training of workers in the field of aging. Not only are researchers and academics making this point clear but so
are some groups of older persons. The Canadian National Advisory Council on Aging raises this issue in its publication Priorities For Action (1981a), also in its briefs on Education and Older People (April 1981b) and on Health and Social Services (1981c). In the latter, the council proposes not only that "all persons working with the elderly be trained in gerontology" (1981:2) but also that research be conducted to define what this knowledge might look like. They call for "research to define the competencies and the role requirements for professionals who work with the elderly" (1981:3).

Klegon suggests that the worker takes on a greater significance through the "gerontological training" process, which hinders joint decision-making and self determination because the concept of the practitioner as an expert with specialized knowledge increases the distance between the provider of services and the "client:"

Clients, of course, are expected to be passive since the professional knows best. As the experts' knowledge takes on a more abstract "scientific" appearance, it becomes mystified, and the ability of the client to judge the practitioner and participate in decision making is limited (1980:224).

In light of the seeming contradictory attitudes towards the training of personnel working with the aged -- should they receive special training or not, what would they know after their training and how would it differ from what their clients know -- it is very difficult to deal with my original question
"knowledge for whom?" The literature and data would seem to suggest that the gerontological knowledge produced by both researchers and social service providers can be used by anyone who knows that it exists and that both academics and practitioners are forced to conduct research due to the pressures forced upon them by their highly competitive places of work. "Help," it seems, is an appropriate cultural account (with its strong puritanical overtones) for many activities which become accountable. It carries the moral imperatives about which social consensus is high.

The "Them versus Us" Syndrome

At the beginning of this chapter, I suggested that another way of looking at the question "knowledge for whom?" was to examine what one of my informants had termed the "them versus us syndrome." This concept has been explicated by Miller in the following way:

When gerontologists talk (and the same can be said about others in the "helping professions"), they talk about "our" ability to get "it" for "them" (1981:14).

The "it" to which Miller refers is a "program, benefit, policy or service." He argues that this distancing between the gerontologists ("us") and the old ("them") not only gives the gerontologists more power in the situation but also fosters greater dependency on the part of older people. As an infor-
Well, I think that we should do more to encourage seniors to do for themselves. Let's face it, if I do my job properly there should be no more old people in need. Then I could go on to helping all those other people who also need resources and services (Interview, November 1980).

The "them" and "us" syndrome further seeks to alienate the old from those whom they must turn to for help, and as the previous informant implied, a good helper should no longer be required when their assistance is no longer needed.

Miller claims that the "them" versus "us" notion is maintained by gerontologists in order to legitimize what they do, choices they make, and services they provide. Further, he argues that gerontological professionals "mobilize their particular constituencies against other particular constituencies in order to obtain funding for a specific program" (1981:15).

The "us versus them syndrome" is also visible in more subtle ways in the gerontological enterprise. It is reinforced when gerontologists speak about "our" research which reflects "their" needs and life-styles. It is used as a resource to separate and objectify what "they" said into what gerontologists now know as a result of that telling. Ironically, it also does the work of enabling some gerontologists to hear what "they" said in a different way, which also discounts that telling. Here is an illustration which will help to clarify this situation. At a recently held conference on Mental Health
and Aging (Victoria, B.C., October 8-10, 1982), a well-known B.C. gerontologist spoke about the history of the old. She advised her audience to "recognize where today's seniors are coming from" in terms of where and when they were born. After this session, several people remarked at how "sensitive" and "informative" the talk was. "I just never thought about these things before. I guess it takes a psychologist to put it into perspective," said an informant. One wonders why the gerontologist's version is heard and the experiences of the elderly discounted. In order to make sense of this situation, I asked a small group of people -- there were six of us in all -- to get together at tea to discuss why they had been so moved by this particular interpretation of the 'facts' but had had trouble remembering other accounts. Some of them said:

a) One of my ex-students who had heard the talk before, given by a senior to our class:

"Well, when X told us about where he had come from, how hard it was to work and live, how hard his life had been, how poor his family was, and those sort of things, well, I guess that I felt really guilty. As though it were my fault that he had lived like that before, and somehow, because of my inactivity in seniors' affairs, I was allowing it to continue. I guess I just cut him off."

This informant implies that she could not afford to hear the version of reality presented by an older person because of her own perceived guilt at the current plight of the elderly. A social worker had a similar reaction:
Yes, I agree with B. Somehow, even though my seniors tell me all the time about their lives and how difficult it was to live through sometimes, two wars and a depression, I just don't let it register, I guess. When X (the keynote speaker) spoke about it, somehow, I just felt less threatened, less like I had to make it all better.

Clearly there was an inability to hear information that was "threatening" when spoken by an older person but not when spoken by a peer.

A seniors' advocate from Victoria pointed out the re-interpretation of older people's lives by younger ones was similar to her past work situation where "the men used to translate everything the women said, as though they had originated it:"

What you are saying really bothers me. It's as though what older people say doesn't count until scientists have legitimated it. We have been saying all this stuff for years. We haven't been speaking about our past so that you would feel sorry for us, or identify with us -- that's your problem. We've been telling you where we come from so that you might recognize us as people with a whole past, rather than as the beings who come before you now as your subjects. I had hoped that after fighting this through with men speaking all the time for women, that I wouldn't have to keep on doing it now with gerontologists.

Most of the people queried about their reaction to the talk provided responses which implied that they had somehow been able to hear the words of the gerontologist in a way which did not invoke feelings of "guilt, resentment, or fear." The audience could hear what was being said because it was
what Gouldner has called "non-threatening information:"

...Conventional Positivism premises that the self is treacherous and that, so long as it remains in contact with the information system, its primary effect is to bias or distort it. It is assumed, therefore, that the way to defend the information system is to insulate it from the scholar's self by generating distance and by stressing impersonal detachment from the objects studied (1970:495).

In order to safeguard oneself from threatening or 'personal' information, according to Gouldner, one is to "insulate" the information from the self by "generating distance." This manner of choosing not (or not being able) to 'hear' what is being said by informants whose words cause feelings that are not 'objective' or scientific, is similar to Smith's "three tricks" system discussed earlier. In this presentation, the audience responded to a story about other people's lives. As with most research or data, it required no personal reaction.

Suggesting the analysis to older colleagues evoked agreement and the following observation from an officer of the Old Age Pensioners' Association of British Columbia:

What she said, and the quasi-scientific way in which she said it, allowed the listeners the opportunity of once again separating themselves, their young selves, from us old ones. They, once again, do not have to identify themselves with us.

This informant heard the talk as a resource for separating further the young from the old, not just in terms of client and service provider, but also in cultural and historical
ways. Thus the "them versus us" syndrome works in subtle ways.

In this case, the old could have used other Membership Categorization Devices (Sacks 1972) to categorize those who study them, such as sociologists, psychologists, scientists, and gerontologists, but they chose to use the device "them." The choice of the MCD "them" does the work of creating linguistic and behavioural distance and separates the old "us" from "their" (gerontologists') immediate living and working world. "They" are not one of "us," not part of "our" system of values and beliefs about growing old. "They" do not know who "we" are or how "we" live. In this way, the old can be seen to choose to disengage themselves from the gerontological enterprise and to maintain the distance created by both themselves and others.

The notion of objectivity which is often implied and sometimes made explicit in the scientific process, does the work of applauding the virtues of generalization which scientists seek to maintain. In this way, gerontologists are involved in an attempt to "characterize the nature of older persons." As Birren has noted:

Broadly speaking, the purpose of research on aging is to be able to characterize the nature of the older person and to explain how the organism changes over time. That is, to be able to make succinct statements explaining increasingly large numbers of facts about aging individuals (1959:73).
Whereas Birren seems to advocate an objective methodology for gaining "facts" about aging individuals, Philibert, on the other hand, argues that the sciences which deal with humans cannot be neutral:

It seems to me that it should help to correct gerontology in general, and social gerontology in particular, by doing away with its illusory pretensions to a kind of objectivity or neutrality that cannot be attained by the sciences of man. A science of man that pretends to reject all normative considerations, to eliminate any consideration of values, to treat man as a pure object of science, becomes indeed an accomplice to the social practices that devalue man in treating him like an insect, a tool, a thing (1974:314).

The "them versus us" syndrome was at work on two separate occasions when I was asked to talk to professionals about the old. In each case, I suggested that the old should be invited to speak for themselves and was told that "they" cannot really address their own needs in an "objective" way which is understandable to social service workers. In one of these situations, I agreed to do the talk as it was to a group of seniors' counsellors. Even though I began my talk by noting that I was not an expert on aging in the same way that some audience members were, the moderator nonetheless insisted that "as a gerontologist you certainly know more than we do, and as a sociologist you can put things into perspective for us." The "them versus us" syndrome is a difficult bind to get out of even when one wants to be detached from it. I am not implying that gerontologists cannot or should not speak about the
old, but rather that they legitimate as part of "official," "scientific," and even "rigorous" knowledge another type of knowledge previously thought of as irrelevant, namely experience.

It is due to their professional power that gerontologists can be seen to create social realities for older persons. They can also be seen to create and maintain a body of knowledge which becomes accepted as concrete and taken for granted. Estes and Freeman note that the professionals who research, legislate, plan or implement interventions for the elderly:

"...influence how different individuals experience the aging process. Social researchers, planners, and practitioners involved in intervention programs are not neutrals. Rather, they are actively engaged in modifying and structuring social reality for the aged" (1976:539).

Perhaps we cannot deal with the question "knowledge for whom?" without again going back to the questions "what is knowledge," "how is it known," and "how is it used?" If used to alienate and separate gerontologists from those they study, how will such a division affect their own aging? Alex Comfort (1980) notes that whites who study non-whites can separate themselves and not identify on the basis of skin colour and men who study women need not identify nor recognize elements of their own life path. Even more directly he writes:

There is no more foolish form of bigotry than that against the old. Any other sort of bigot you meet is bigoted against somebody he is not
going to be. If Archie Bunker in the television series knew that on his 65th birthday he was going to turn into a Puerto Rican, he would stop being rude to immigrants. I think there is a lesson there for all of us (1980:2).

If gerontologists began with a recognition of themselves in the aging process, that their research affects not only the lives of the old now but also their own in years to come, perhaps the gerontological enterprise would take on a different shape.

Footnotes to Chapter Five

1. This forum was documented in the journal Generations Vol. VI, No. 2, Winter 1981, pp. 4-10. Participants other than those already cited were Robert Atchley, Stanley Brody, Elias Cohen, Carl Eis dorfer, Sandra Howell, Theodore Koff, Marian Lupu, George Maddox, Paul Nathanson, and James Schulz.


4. The call for more research in gerontology can be heard in most texts on the subject, in particular, Atchley (1980), Decker (1980), and Hendricks and Hendricks (1977). Many issues of the journal The Gerontologist also address this issue as do various briefs put forward by the Canadian Association on Gerontology and the Ontario Gerontological Research Association.
CHAPTER SIX: EMERGENT STRATEGIES FOR AN APPROPRIATE GERONTOLOGY

For this chapter, I have borrowed from the engineering sciences the concept of an "appropriate" gerontology. Physicist Amory Lovins (1977), among others, argues for a more appropriate use of hard and soft energy forms which would diminish the need for nuclear energy plants. In other words, he suggests that we use the most appropriate form of energy for each job which requires the consumption of an energy source. The same rationale can be used for gerontological tasks. Just as the sun, wind, and ocean tides can be used to heat houses, run machinery, and fuel automobiles, so can the person power and experiences of the old and their care givers be utilized with regard to gerontological tasks. Researchers could actually work with the old by helping them to make political, legal, and social changes in their lives as well as continue with research, teaching, and practitioner duties. Rather than continue to create new energy forms, i.e. "experts" and "professionals," we could utilize some of the energy already available, perhaps only in need of the right kind of harnessing to make it work more efficiently. The observations of this chapter were generated by and reflect the ideas of both older people and gerontologists about an appropriate gerontology.

In implementing this line of action sociology, I asked the president of the Royal Canadian Legion what an appropriate gerontology might do. He replied:
Well, they could help make it more public, you could call it an overall public relations need. It could try to stop all people from having these many myths and stereotypes about the old.

Referring to his organization's position paper on the situation of the old in Canada, he further reiterated its stand that these "myths and stereotypes:

Impede participation; they cause friction between sons and daughters and their parents, between service providers, nurses, social workers, staffs of institutions, etc., and those they serve. They even cause trouble between one senior and another, for some old people act a certain way because the myths suggest that there is no other way they should act (1982:17).

This sort of activity should be the work of gerontologists because:

Well, surely you people are the ones doing all the studies showing these things. You should be prepared to do more with what you find out. Instead of keeping it to yourselves, do something for us with it.

The informant suggests that gerontologists take a more active role in the dissemination of information so that they contribute not only to the social construction of agedness in theoretical ways, but also in practical action-oriented ones. The notion of action research has been much recommended by some anthropologists and sociologists. Etzkowitz defines this way of working as follows:
What is meant by Action Sociology or 'involved observer' research is this, getting out there and doing something about it, seeing how it works. Not just looking at it, but doing it (1974:24).

The researcher is therefore not merely a data gatherer or an information provider but he or she is also an advocate for changes deemed necessary. Shostak says of the action researchers that they "give a damn:"

Helping America to make substantial headway against its social problems in the 1970's is a fast-growing, if pressed, minority of academic sociologists who 'give a damn' and try to 'make a difference' with their professional skills in the off campus world. Their particular way of making sense of our social universe, of 'seeing' such abstractions as class, norms, values and statuses within a continuous field of movement, sets them apart from other professional social scientists and brings them to the fore in the analysis, resolution and prevention of social problems in the field by helping others to help themselves (1974:xii).

Many informants suggest that what is needed is an action gerontology which would follow much along the same path as other action work:

You should build a bridge between what the gerontologists do, their research and publications, by writing something about all this in their (the old's) own language. Gerontologists could send things in to the seniors' papers. They could share instead of store their information (November 1982).

Recognizing that as scientists, gerontologists face restrictions upon their work from their employers and their clients,
this informant is aware of some of the hidden agendas which face the academic researcher. He points out that what separates gerontologists from some other scientists is their own claim to help the aged:

Well, they get themselves into this mess all the time. They say that they want to do work for the old, to help them have fuller lives and to live longer and better, that sort of thing. They also say that they would like to help them to establish projects and to really use them in a sort of consultant way. So, of course, we expect them to write about things which we can understand. Other scientists don't even bother to say that they'll help their research subjects. They can work in their labs for years, blissfully studying whatever they want. They need not be responsible to the public, just their colleagues, their universities, and their funders. Not so the poor, well-meaning gerontologists who try to convince us that their work is meaningful and understandable but not in any way where most older people can understand what they are doing or what they say.

Claiming that the old have trouble in "understanding" much of gerontology because of its 'jargon,' this informant also suggested that the research is seemingly irrelevant to the old. He claims that it is not "understandable, reasonable, or acceptable to us" and finds that they have "trouble recognizing themselves in a lot of the research topics which places like UBC and SFU get involved in."

In an article in the *Elder Statesman*, the president of the Old Age Pensioners' Association of B.C., referring to a forthcoming conference on aging, likened himself and older people to "little mice" hiding in "the corner of the
conference" listening to "what they are saying about us" (October 1982:9). Stating that the old have trouble relating to topics deemed relevant by researchers, he offers some explanations:

These topics of concern for discussion and answers might surprise many of you readers. I know of some seniors who consider them "sloppy thinking and irrelevant"...Could it be that many of us try to 'push away' the reality of these matters with the hope that they might not happen to us? Could it be that the material, everyday matters of life are so difficult to face that issues such as these would swamp us? Could it be that we have never before seen such a list as the above, being important enough to become the basis of a full scale conference? Could it be that we have given in to the effects of such matters as being inevitable to growing older? (1982:9).

This informant questions the input of seniors into gerontological work. He stresses further the notion that the old have trouble in recognizing that gerontological concerns can also be their concerns:

You know, we are a generation used to denials. We have been denied work, a decent place to live if we cannot afford high rents and housing upkeep. We have been denied self respect and self worth. How can we believe that we are worthy of such interest from the experts in our society? We do not fight when the governments take away our Denticare programs or our Renters Tax Credit. We do not protest when experts talk about us as if we do not exist, in a language that we usually do not understand.

Like some of his peers, he foresees the potential of an appropriate gerontology. He reiterates that we "must retain a
vision" of how a "good life for the old, and all society could look," helping create, support, and emphasize this "good life" through "non-jargonistic gerontological knowledge."

The issue of creating a "good life" for "society" members is frequently invoked by social scientists and lay persons alike. For social scientists, these notions become problematic because of competing definitions of "good" and who constitutes "society." This situation of positing a reality from competing perspectives becomes an ethical one, especially for those involved in field work, as Whittaker (1981) has pointed out:

Despite the best intentions of anthropologists, it is often difficult for the people studied to see the result as beneficial for anyone but the researcher or the researcher's culture (1981:437).

Chuck Bayley, in his column in the Pioneer News, reiterated the notion that much of gerontological research is jargonistic:

Most articles of the thousands being published are for professionals and academics. They are about us, but too many with jargon and intricate mathematics, for us to understand. (October-November 1981:12).

Thus, a more appropriate gerontology would produce knowledge not only about the old but also for the old. The previous informant did not play the old against gerontologists but suggested instead that the latter take more responsibility for "what they (gerontologists) do" because:
We older people are about as slow as the politicians, professionals, and bureaucrats in being with the times. We must watch them carefully and have them respond to our needs.

This seniors' advocate has suggested that the old and some gerontologists should form a "conspiracy" where old and young would work together to create social change. In this way, he echoes the opinions of Maggie Kuhn:

Let's not pit ourselves against the young. We don't want to be adversaries. And you young people -- together we will conspire. We need radical social change, a new agenda. Such an agenda would include age-integrated housing, an end to mandatory retirement. Together we can devise holistic health centers -- to challenge and change, to point the way to large institutional change (1978:78).

Kuhn suggests that young and old could work together to create a new kind of societal awareness towards aging which not only would incorporate the experiences and resources of the old, but also give them recognition as "critics" of the type of social systems which now rule and govern our lives:

We the elders, are also social critics...Out of our own remembrances of the past can come some very solid social criticism of the present that leads us into the future and a new age...We the elders have an opportunity to be forthright and radical in our social views! I think of old people as educators of the young, by our example and by our reaching out and sharing what we know. The experience and skills of old people should be valued and utilized (1978:5).

Although many older people agree with Maggie Kuhn's philosophy, and many try to "share" what they know, their
"experiences and skills" are not always "valued" or "utilized." A seniors' advocate and newspaper columnist, alluded to this experience:

After I did a presentation to a three day workshop at SFU, at their wrap-up dinner, the president of the Canadian Association on Gerontology said to me, "perhaps the gerontologists and seniors might work together on common interests." Later, I dropped her a note and asked for suggestions as to how. She wrote back suggesting contact with B.C. gerontologists. They wrote back suggesting others... Lip service is what we call it (Nov. 18, 1982).

This informant not only tried to share his "experience and skills" with gerontologists at the national level, without success, but also at the provincial level:

The president of the Gerontology Association of B.C. said that she was thinking of 'Goals for the 80's' for their next conference. I sent her ten alternatives. I have never had a word back.

When questioned about the "ten alternatives" the president of the Gerontology Association replied that "they were good ideas, but not specific to the needs of professionals in the field."

A retired social worker who now lives in Victoria had suggested that, as Canadian older people do not have a "Gray Panthers" or similar organization which has what she called "political and social clout," then the power of the old is not as recognizable here as it is in the U.S.A.:
Well, in the States, the Gray Panthers organization pulls a lot of weight with the public, the government, and the academics. So there they can get a lot of things done, they have the eyes and ears of the public, as it were. If someone does not perform as the GP's expect them to, they have many forums to disgrace the individual such as through the written press and the Over Easy TV program. We do not have that kind of power here yet, but we will. Then we will have recourse when the gerontologists refuse to listen or to see us (Conversation, Oct. 23, 1982).

This informant suggests that as persons in their later years become more politicized and more aware of themselves as a powerful body, they will have more control over what gerontologists do.

As part of my research I organized a discussion among researchers and practitioners on an appropriate gerontology. A participant suggested that the question be broken into two parts, one which would address "theoretical concerns," the other, "practical" ones. Another sub-division as well was suggested: "let's also break it up into what older people can do and what gerontologists can do." The responses again reflect the prevalent ideology and membership categorization devices of "gerontologists" and "the old." Here is how the model for an appropriate gerontology (what was called an AG) was described:
The Paradox Of Theoretical And Practical Concerns

An AG would

a) Recognize the potential and power of older people as informants and providers of information on the aging process in terms of issues and topics which they deem to be relevant to their lives.

This particular viewpoint was agreed upon by all, and as has already been shown, was invoked as an important issue by many older persons.

b) An AG would recognize, document, and highlight the rural and urban differences in growing old. It would also recognize through its research endeavours, the impact of the ethnic elderly on the Canadian 'mosaic.'

One of the group members was quick to point out the vast differences between urban and rural needs of older persons, an opinion shared by many of the national delegates at the first meeting of the National Advisory Council On Aging in Ottawa:

It's all very well to do research on the city folks. You're very lucky in the urban areas. For us in the country, it is very difficult to supply services. You can never have your pick of facilities for meetings and such. We have to even get on a waiting list to use the fire hall.

The ethnic elderly are only recently beginning to emerge as viable research interests to gerontologists. Recognizing the lack of information about this group of persons within British Columbia, where they constitute 34% of the total population
of those aged sixty-five and over (1971 census), I am currently involved in research with ten different ethnic groups in Vancouver. I am interested in how other cultures deal with the process of growing old, in the effectiveness of services aimed at assisting the ethnic elderly and in the informal "helping" structures which exist.

c) It would recognize and document the vast differences in growing old as male and female.

One of the group members also pointed out that it is important to recognize that we are speaking about:

Males and females from another era and that those rigid roles could change so that it would be a bit better for future older people. One of the reasons why 73% of women aged sixty and over live below the poverty line is because their husbands didn't take care to leave them adequately provided for, and they didn't know how to talk about this sort of thing. I know this won't happen to my daughter.

d) In its research, an AG would recognize that when speaking with the old as a data collection process, that what they say and how they say it is a gift to be shared, a privilege that the old person grants to the researcher, not a favour granted to the old by the gerontologists.

This view, also expressed by other seniors many times, was eloquently stated by the president of the Old Age Pensioners' Association of British Columbia.
There must be more personal contact and sincere dialogue between older persons and the researchers... For the student in gerontology, this means acknowledging that their ability to look objectively at the lives of older people and collate what they observe is only a small half of that which must come from the older people themselves... To do this the student needs to learn to take the position of one who is receiving a precious gift.

The researcher and his or her informant are involved in this proposed process of data collection with a more interactive approach than is normally the case for social scientific interviews:

e) An AG would try to ask questions in such a way as to provide explanations for why things work as they do, rather than to merely accept that they do as givens.

In this regard, topics like retirement, age stereotyping and discrimination, and types of services available to the old would be treated as social constructions to be explained rather than as 'facts' of life. When older people speak about retirement, they often do so with respect to the loss of work and how this affects the rest of their lives. Perhaps questions like 'what work does work do in our society?' could be raised. In this way, researchers would be looking at social process and life as an on-going accomplishments of members, rather than as fixed phenomena. Asking questions in different ways would be a means of discovering new tools for looking at the lives of the old and of using the most appropriate methods to obtain this information.
Practical Concerns

a) An AG would utilize older people as a resource in making research topics and data known to the older population and through them, to society in general.

This "utilization" would take the form of seeking the help of the elderly in making gerontological research more 'visible' and more realistic to the needs of "real" people, namely the old who would speak of how the research is meaningful and relevant to their lives, if and when it is.

b) It would work with the old and offer whatever assistance necessary to train them to be advocates in areas which affect their lives.

In this way, the gerontologist-researcher would take an 'action' stand similar to the one already conducted by anthropologists and sociologists.

c) Its practitioners would take research funding applications to the old and ask 'how can we apply for this money?'

In this process, the research undertaken by gerontologists would have more meaning to older persons as well as benefit the communities where they live. As one of the group said:

"A lot of money from grants and that go to people because they show that the findings will benefit the community. Some of the things done in the West End (of Vancouver) certainly don't benefit the seniors. But they don't come to us. They go to the community centre director and he doesn't know much about seniors or about"
research. They could come to us and we on the seniors' committee would love to give them feedback.

Through this process, the researcher and the old would be involved in an inter-active way with respect to both research topic, methods used, and application of research findings.

d) It would encourage the old to liaise with health care services and transportation, housing, and social service planners in order to make clear to these people an older person's perspective on these potentially life enhancing programs.

There is a trend in the city of Vancouver, at least, to involve more older persons in these very service-oriented decision-making processes. Such involvement could continue and increase.

e) An AG would support seniors' organizations and services by working closely with them and by acknowledging their work at conferences, meetings, and other places where gerontologists gather together to discuss the old.

This strategy was invoked in recognition that "grass root" groups of seniors work on behalf of their members and provide a great deal of information about the old to gerontologists.

The Possible Contributions Of The Aged

a) Be verbal and critical of the work of gerontologists when we don't understand what they're saying.

As one member of the discussion said, it would be "better"
to criticize gerontological research than to "bitch" about it. Another said that the old "should organize, not agonize" over the reality of old age produced by gerontologists.

b) Recognize that as human beings we do still have a lot to give to society and that we've learned in our lives that we can be useful to others still learning.

In highlighting this opinion, one senior provided an example from his own life:

We must find some way of incorporating our skills into society. I used to be a teacher and I have offered to teach for free to four schools. Each time I was rejected. I have a friend who is a retired psychologist. He has offered to counsel people for free. Each time he has been rejected. We need to recognize the worth of seniors in our society. We need to mobilize them and activate them. We also need to be supportive of each other.

Another suggested that older people are not supportive of one another, perhaps due to the "tenderness of their inner thoughts:"

I do understand your difficulty in getting older persons to 'level' with you. It is my conviction that they seldom level with their peers. There is but little meaningful dialogue amongst seniors. I do not know why this is so. It could be the 'tenderness of their inner thoughts'...We older people 'sit' in quite a secure place in life....that is, within ourselves. We have years of living behind us...When we are approached by younger persons, especially those zeroing in into our age level, we measure their sincerity and their teachability by their willingness to listen or to receive and then give...Is this too much to ask of searchers and researchers? I think not.
Other seniors, reiterating the notion that an AG recognize that they can offer a great deal to society and at the same time enjoy their lives, said, in response to questions posed to Vancouver Sun newspaper readers in June 1982:

1) Seniors should help themselves as much as possible. I'm 81, dance three times a week, keep in shape and enjoy myself.

2) Older people can only speak for themselves.

3) Seniors do best, doing for themselves. When aid is needed, it should be provided. I am 79 and do everything for myself and enjoy life.

4) Older people should be expected to do as much as they can. The essential thing is they be made aware of what they can do. Opportunity, and knowledge of opportunity, places the onus where it belongs.

All these persons share in common the idea that they can continue to contribute to "society," and that gerontologists in particular should recognize this continuity of activity, and, that only when assistance is needed, it be made available.

c) We could support and not discourage our age mates in their efforts to improve life. We don't have to do what they do too, but we could support them.

Many older people resist age-typing on the basis of expectations. They also tend to reject what they see as 'stereotypical' behaviours:

I don't really think that we support one another nearly enough. We are scared of running
around in old tennis shoes, and nattering with our friends. But if that's what some old people want to do, why not support them in it? It's their life, after all.

The implication is that older people could be more tolerant and further, supportive of others' rights to act as they choose.

d) Take credit for what we know and what we can do, but be able to ask for help when we need it.

As one of the group mentioned, many older people are "afraid" to ask for help because of being seen as a "burden" especially to "friends and family." However, as another said:

I don't think that we should think of services as hand-outs, we helped pay for them and if we need them, we are entitled to receive them. We are used to thinking only that we might be burdens, but we also can contribute if they would let us. We must make older people realize that they can do both of these things if and when they have to.

As this informant says, the old are "entitled" to any social service benefits that they need, and an AG would try to help them recognize this entitlement.

e) Understand the gerontologists and forgive them when they 'know not what they are doing, how, why, or when.'

The person who proposed this item said that she felt that "because gerontologists are cut off from the real world," they cannot possibly "know what they are doing most of the time."
Therefore, she gives them the benefit of the doubt, to some extent, and suggests that they be "forgiven" for not knowing what they are doing.

The Possible Contributions Of Gerontologists

a) Recognize that they will be "old one day too" and think about how they would respond to some younger people prying into their lives.

b) Learn to speak and write about their research in ways that are easier to understand.

c) Be less paternalistic and condescending to the old.

d) Leave their 'ivory towers' once in a while and come enjoy life amongst us instead of only coming down for a research reason.

e) Look as if they care, and listen to the old, not just write down what we say as if we weren't living human beings sitting across from them.

f) Send those they study copies of their findings.

This particular point was also raised by the president of the Old Age Pensioners' Association of British Columbia who noted:

There are two things which must be reconsidered about all interviews with older people.

1. Seldom is there the courtesy on the part of the researcher to make a return visit, or a letter sharing the 'findings' of such an effort. At this point the older person becomes a used thing!

2. The written record of such interviews is usually in words and terms familiar only to the scientific world. To the older person that is like writing in a foreign language. This is almost another way of saying 'the reactions and understanding of the older person is of no
consequence.' All that matters is the world of social science that can give acknowledgement and even praise.

This informant reminds those who conduct interviews that they must be faithful to the information entrusted to them, and that they share their findings and written work with the old so that they are not "used persons."

g) Recognize the coping behaviours of the old.

Maggie Kuhn, founder of the U.S. based Gray Panthers group, has also made this point clear in some of her presentations, as can be seen from the following statement:

Older persons have demonstrated their ability to cope. They have dealt with the setbacks and tragedies of life, interacting with others in the process (1978: 3).

An appropriate gerontology would recognize the coping behaviours of the old, would reinforce and support their behaviours, and would not see all older persons as victims of 'society' or their own lives.

These ideas came together as potential terms of reference for an appropriate gerontology after one four-hour session on June 12, 1983. In some ways, it can be seen that what was said reproduces the world of gerontology as it now exists. However, the group who put these notions forward have been thinking about and reflecting upon how to improve gerontology for many years. The points which they have expressed show that
they are concerned and that they are engaged in a discourse which includes attempting to draw up potential plans for action for making gerontology a more reflexive, meaningful discipline, more useful and helpful to the old as well as others.

Monique Begin, Minister of Health and Welfare in Canada, in a paper presented to the Canadian Association of Gerontology in Edmonton in 1978, said:

I appeal to all Canadians and especially people working in the field of gerontology to work together in order to solve the challenge we are facing so that Canada will be a better place to live, not only for the old, but for all Canadians (p. 10).

This seems like a very good place to end, or perhaps, to begin.

Footnotes to Chapter Six


2. These research interviews on the lives of the ethnic elderly who live within the greater Vancouver area have been published in the Elder Statesman newspaper from Dec. 1982 until June 1983; some were co-authored with Gray Kyles. The articles all come under the title "Aging in Other Cultures: Conversations with the Ethnic Elderly from the Lower Mainland."
Alinsky, Saul D. 
Rules For Radicals. 

Andreski, Stanislav. 
Social Sciences as Sorcery. 

Aries, Philippe. 
Centuries of Childhood: A History of Family Life. 

Arth, Malcolm. 
"An Interdisciplinary View of the Aged in Ibo Culture." 

Atchley, Robert C. 
The Social Forces in Later Life. Revised ed. 

Atchley, Robert C., and Mildred Seltzer, eds. 
The Sociology of Aging: Selected Readings. 

Auger, Jeanette A. 
Resources Available to Older Persons through Community Centres in Greater Vancouver. 

Department of Sociology, UBC, 1977.


<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Publisher</th>
<th>Year</th>
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<tr>
<td>Bem, Daryl J.</td>
<td>Beliefs, Attitudes and Human Affairs.</td>
<td>Belmont, California: Brooks/Cole, 1970</td>
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<td>Daryl J. Bem</td>
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</table>
Birren, James E., ed.  
Handbook of Aging and the 
The Individual.  
Chicago: University of Chicago  

Bloom, Martin.  
"Alternatives to Morale Scales."  
In Measuring Morale: A Guide to  
Effective Assessment.  
Ed. Corinne Nydegger.  
Washington, D.C.: Gerontological  

Boas, Rollo.  
"Conference on Aging."  
Elder Statesman,  

Bramer, L.M.  
The Helping Relationship:  
Processing Skills.  
Englewood Cliffs, New Jersey:  

Bromley, D.B.  
The Psychology of Human Aging.  

Bryant, Christopher G.A.  
Sociology in Action: A  
Critique of Selected  
Conceptions of the Social Role  
of the Sociologist.  

Buckner, H. Taylor.  
"Transformations of Reality in  
the Legal Process."  
Social Research,  

Buisse, E.W., and  
E. Pfeiffer, eds.  
Behaviour and Adaptation in  
Later Life.  

Canadian Association  
on Gerontology.  
"Canadian Issues."  
Brief presented to the National  
Seminar of Non-Governmental  
Organizations Concerned With  

Carp, Frances M.  
"Senility or Garden Variety  
Maladjustment?" Journal of  
Gerontology, Vol. 24, No. 2  
"Morale: What Questions Are We Asking of Whom?"
Ed. Corinne Nydegger.
Washington, D.C.:

An Ageing Population.

Personal Adjustment in Old Age.

On Old Age and On Friendship.
Trans. Frank O. Copley.

The Social Organization of Juvenile Justice.

Culture and Aging: An Anthropological Study of Older Americans.
Springfield, Illinois:

Developmental Anthropology.

"Research On Aging: A Piece of the Puzzle."

Helping Relationships: Basic Concepts for the Helping Professions.

A Good Age.

Crandall, Richard C. 

Cumming, Elaine, and W.E. Henry. 

Curtin, Sharon R. 

Darrough, William D. 

Decker, David L. 

Dowd, James J. 


Dulude, Louise. 

Elder, Gladys. 

Estes, Carroll L. 
Estes, Carrol L., and Howard E. Freeman.  

Etzkowitz, Henry.  

Farrell, Ann.  

Ford, James E.  

Foucault, Michel.  

Freeman, Joseph T.  

Garfinkel, Harold.  
Garskof, Michelle H.  
Roles Women Play: Readings Towards Women's Liberation.  

Gartner, Allan, and Frank Riessman.  
Self Help in the Human Services.  

Gearing, Fred O.  
The Face Of The Fox.  

Gearing, Fred O., R. McNetting, and L. Peattie, eds.  
Documentary History Of The Fox Project, 1948-1959.  
(Directed by Sol Tax).  

Geertz, Clifford.  
The Interpretation Of Cultures.  

Giddens, Anthony.  

Glazer, Barney C., and Anselm L. Strauss.  
The Discovery Of Grounded Theory: Strategies For Qualitative Work.  

Goffman, Erving.  
The Presentation Of Self In Everyday Life.  

-----------

Asylums: Essays on the Social Situation of Mental Patients And Other Inmates.  

-----------


Gottesman, Leonard E.  
"Long Range Priorities For The Aged."  
Gouldner, Alvin W.  

The Coming Crisis in Western Sociology.  

Gouldner, Alvin W., and S.M. Miller.  

Applied Sociology: Opportunities and Problems.  

Government of Canada.  

Canadian Governmental Report On Aging.  

Gray Panthers.  


---


Gross, Ronald, Beatrice Gross, and Sylvia Seidman.  

The New Old: Struggling For Decent Aging.  

Gubrium, Jaber F.  

Living And Dying At Murray Manor.  

---


Guillemette, Andre M.  

Future Action on Behalf of Aging.  

Gutman, David.  

"Alternatives To Disengagement: The Old Men of the Highland Druze."  
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<tr>
<th>Name</th>
<th>Title</th>
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</table>
International Association on Gerontology.


Jacobs, Jerry.


Johnson, Harold R., J. Britton, Calvin Lang, et al.


Johnson, Malcolm.


Kastenbaum, R., ed.


Kent, D., R. Kastenbaum, and S. Sherwood.


Kleiber, Nancy, and Linda Light.


Klegon, D.


Lynd, Robert D.  
Knowledge for What?: The Place of Social Science in American Culture.  

Mannheim, Karl.  
Essays on the Sociology of Knowledge.  

—  
Ideology and Utopia: An Introduction to the Sociology of Knowledge.  

Marshall, Victor W.  
Aging in Canada: Social Perspectives.  

—  

Marshall, Victor W., and Joseph A. Tindale.  
"Notes for a Radical Gerontology."  

Marx, Karl.  
A Contribution to the Critique of Political Economy.  
Trans N.T. Stone.  
Chicago: Charles H. Kerr, 1918.

Marx, Karl, and Friedrich Engels.  
The German Ideology.  

Matthews, Sarah H.  

Mead, George Herbert.  
Mind, Self and Identity.  
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<tr>
<th>Author</th>
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<tr>
<td>Merton, Robert K.</td>
<td>Social Theory and Social Structure.</td>
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<td>Sociological Ambivalence and Other Essays.</td>
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<td>Miller, Mike.</td>
<td>&quot;The Helped and The Helpers: A Critical View.&quot;</td>
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<td>Mills, C. Wright.</td>
<td>The Sociological Imagination.</td>
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<td>Monk, Abraham, ed.</td>
<td>The Age of Aging: A Reader in Social Gerontology.</td>
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<td>Myerhoff, Barbara, and Andrei Simic, eds.</td>
<td>Life's Career - Aging: Cultural Variations on Growing Old.</td>
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<td>Priorities for Action in the Area of Health and Social Services for Older Canadians.</td>
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<td>Neugarten, Bernice L.</td>
<td>&quot;The Aged in American Society.&quot;</td>
</tr>
<tr>
<td></td>
<td>Dept. of Sociology, University of Winnipeg, 1978.</td>
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</table>
"The Professional in the Field of Aging."
Unpublished paper.
Dept. of Sociology,
University of Winnipeg, 1980.

Nusberg, Charlotte, ed.
Self Determination by the Elderly.

Nydegger, Corrinne, ed.

Olesen, Virginia, and Elvi Whittaker.
The Silent Dialogue.

Oliver, David B., and Jocelyn Eckerman.
Tracing the Historical Growth of Gerontology as a Discipline.

Palmore, Erdman, ed.


Palmore, Erdman, and G.L. Maddox.
"Sociological Aspects of Aging."
In Behaviour and Adaptation in Late Life.
Ed. E.W. Buisse and E. Pfeiffer.

Parkinson, Gary C.
Dept. of Sociology, UBC, 1975.
Philibert, Michel.
"Image du Veillard."

---

"The Emergence of Social Gerontology."

---

"The Phenomenological Approach to Images of Aging."

---

"A Philosophy of Aging For the 21st Century."
Talk given at UBC, November 14, 1977.

---

"Reflections on the Teaching of Gerontology."
Canadian Gerontological Collection I.

---

Plato.
The Republic.
Ed. and trans. I.A. Richards.

---

Polanyi, Michael.
The Tacit Dimension.

---

Posner, Judith.
"Notes on the Negative Implications of Being Competent in a Home For The Aged."

---

Powell, Brian J., and James K. Martin.
"Economic Implications of an Aging Society in Canada."

---

Rabinowitz, Dorothy, and Yadida Nielsen.
Home Life: A Story of Old Age.


Riley, Matilda W., Marilyn Johnson, and Anne Foner. 
Aging and Society, Volume 3: A Sociology of Age Stratification. 

Older People and Their Social World. 

Rosow, Irving. 
"Old Age: One Moral Dilemma of an Affluent Society." 

"Morale: Concept and Measurement."

Royal Canadian Legion. 
"Initial Response to Questions to be Discussed."

Sacks, Harvey. 
"An Initial Investigation of the Usability of Conversational Data for Doing Sociology." 

Sarton, May. 

Schutz, Alfred. 


Schwartz, Arthur W., and James A. Peterson. 
Introduction to Gerontology. 
Scott, Robert A.  

Seltzer, Mildred M.  

Shanas, Ethel, Peter Townsend, Dorothy Wedderburn, et al.  

Shostak, Arthur B.  

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Simic, Andrei.  

Smith, Dorothy.  

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"An Analysis of Ideological Structures and How Women are Excluded: Considerations for Academic Women."


Sontag, Susan.

"The Double Standard of Ageing."


Statistics Canada.


---

Canadas Elderly.


Stearns, Peter N.


Stephens, Joyce.


Stoddart, Kenneth.

"The Presentation of Everyday Life: Strategies For Adequate Ethnography."

Unpublished paper. UBC, n.d.

Streib, Gordon.

"Are the Aged a Minority Group?"


Streib, Gordon, and Harold L. Orbach.

"The Development of Social Gerontology and The Sociology of Aging."

Sudnow, David.


———, ed.


Tax, Sol.


———


———


Thomas, David.


Tibbitts, Clark, ed.


———


Todd, Hilary.


Turner, Roy, ed.


United Nations.


Vedder, C.


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<th>Year</th>
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<td>1901</td>
<td>271,201</td>
<td>5.0%</td>
</tr>
<tr>
<td>1911</td>
<td>335,317</td>
<td>4.7%</td>
</tr>
<tr>
<td>1921</td>
<td>420,244</td>
<td>4.8%</td>
</tr>
<tr>
<td>1931</td>
<td>576,076</td>
<td>5.6%</td>
</tr>
<tr>
<td>1941</td>
<td>767,815</td>
<td>6.7%</td>
</tr>
<tr>
<td>1951</td>
<td>1,086,273</td>
<td>7.8%</td>
</tr>
<tr>
<td>1961</td>
<td>1,391,154</td>
<td>7.6%</td>
</tr>
<tr>
<td>1971</td>
<td>1,744,405</td>
<td>8.1%</td>
</tr>
<tr>
<td>1976</td>
<td>2,002,345</td>
<td>8.7%</td>
</tr>
<tr>
<td>1981</td>
<td>2,360,975</td>
<td>9.7%</td>
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(Source: Ministry of Science and Services, Ottawa, 1979 Canada's Elderly, p. 7)
## Countries with at least 10% of total population aged 65+ 1973 statistics

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Germany</td>
<td>15%</td>
</tr>
<tr>
<td>Austria</td>
<td>14%</td>
</tr>
<tr>
<td>Belgium</td>
<td>13%</td>
</tr>
<tr>
<td>France</td>
<td>13%</td>
</tr>
<tr>
<td>Norway</td>
<td>13%</td>
</tr>
<tr>
<td>Sweden</td>
<td>13%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>13%</td>
</tr>
<tr>
<td>Denmark</td>
<td>12%</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>12%</td>
</tr>
<tr>
<td>West Germany</td>
<td>12%</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>11%</td>
</tr>
<tr>
<td>Hungary</td>
<td>11%</td>
</tr>
<tr>
<td>Ireland</td>
<td>11%</td>
</tr>
<tr>
<td>Greece</td>
<td>10%</td>
</tr>
<tr>
<td>Italy</td>
<td>10%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>10%</td>
</tr>
<tr>
<td>United States</td>
<td>10%</td>
</tr>
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(Source: Ministry of Science and Services, Ottawa, July 1976, Auerbach and Gerber, Perceptions Two: Implications of the Changing Age Structure of the Canadian Population, pp. 103-4)
APPENDIX C

<table>
<thead>
<tr>
<th>Area</th>
<th>All Ages</th>
<th>0-4</th>
<th>5-14</th>
<th>15-59</th>
<th>60+</th>
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<tr>
<td>World</td>
<td>53.7</td>
<td>29.1</td>
<td>36.6</td>
<td>64.4</td>
<td>69.0</td>
</tr>
<tr>
<td>More developed regions a/</td>
<td>16.4</td>
<td>5.5</td>
<td>-1.2</td>
<td>17.0</td>
<td>39.3</td>
</tr>
<tr>
<td>Less developed regions b/</td>
<td>67.6</td>
<td>33.8</td>
<td>45.9</td>
<td>84.1</td>
<td>96.9</td>
</tr>
<tr>
<td>Major geographical regions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>104.0</td>
<td>77.4</td>
<td>103.7</td>
<td>112.6</td>
<td>116.0</td>
</tr>
<tr>
<td>Latin America</td>
<td>88.5</td>
<td>61.6</td>
<td>71.4</td>
<td>102.6</td>
<td>110.6</td>
</tr>
<tr>
<td>Northern America</td>
<td>22.5</td>
<td>11.8</td>
<td>2.7</td>
<td>26.8</td>
<td>34.5</td>
</tr>
<tr>
<td>East Asia</td>
<td>32.2</td>
<td>95.1</td>
<td>94.5</td>
<td>47.6</td>
<td>78.6</td>
</tr>
<tr>
<td>South Asia</td>
<td>75.7</td>
<td>32.1</td>
<td>54.8</td>
<td>96.6</td>
<td>112.7</td>
</tr>
<tr>
<td>Europe</td>
<td>9.7</td>
<td>1.6</td>
<td>-9.7</td>
<td>11.9</td>
<td>23.1</td>
</tr>
<tr>
<td>Oceania</td>
<td>40.2</td>
<td>16.1</td>
<td>18.7</td>
<td>49.0</td>
<td>56.8</td>
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<tr>
<td>U.S.S.R.</td>
<td>22.6</td>
<td>14.4</td>
<td>10.0</td>
<td>18.9</td>
<td>61.2</td>
</tr>
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</table>

a/ More developed regions include Northern America, Japan, Europe, Australia, New Zealand, and U.S.S.R.

b/ Less developed regions include Africa, Latin America, China, other East Asia, South Asia, Melanesia, Micronesia, and Polynesia.

### Pioneer Efforts Pre-1940

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<th>Events</th>
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<td>International Health Exhibition in London—1884</td>
<td>1645—History of Life and Death, Bacon</td>
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<tr>
<td>I.L. Nasher coins &quot;geriatrics&quot;—1909</td>
<td>1835—On the Nature of Man and the Development of His Faculties, A. Quetelet</td>
</tr>
<tr>
<td>Pavlov's studies in classic conditioning—1920's</td>
<td>1869—Hereditary Genius Sir Francis Galton</td>
</tr>
<tr>
<td>Lillian Martin established first old age counselling center in San Francisco —Late 20's</td>
<td>1908—The Prolongation of Life, E. Metchnikoff</td>
</tr>
<tr>
<td>Rybnikov coins &quot;gerontology&quot;—1929</td>
<td>1908—The Problems of Age, Growth and Death, C. Minot</td>
</tr>
<tr>
<td>Townsend Movement—1930</td>
<td>1922—Senescence, G.S. Hall</td>
</tr>
<tr>
<td>The Depression—Early 30's</td>
<td>1922—Biology of Death, R. Pearl</td>
</tr>
<tr>
<td>Stanford/Later Maturity Research Project (Miles and Associates) —Early 30's</td>
<td>1929—The Problem of the Psychology of Old Age, Rybnikov</td>
</tr>
<tr>
<td>Social Security Act—1935</td>
<td>1933—Arteriosclerosis: A Survey of the Problem, E.V. Cowdry</td>
</tr>
<tr>
<td>Club for Research in Ageing (Josiah Macy Jr. Foundation)—1939</td>
<td>1939—Problems of Aging, E.V. Cowdry</td>
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(Source: Oliver and Eckerman, Tracing the Historical Growth of Gerontology as a Discipline, paper presented at the Gerontological Society of America meetings, Washington, D.C., 1979; slightly abridged)
## Early Development 1940-1954

<table>
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<tr>
<td>Unit on gerontology established in NIH (later became the NIA)</td>
<td>1945—&quot;Size, Shape and Age,&quot; P.B. Medawar</td>
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<tr>
<td>Conference on Aging held by: American Osteopsychiatric Assoc., Medical Clinics of N. America, American Chemical Society, NIH—Early 40's</td>
<td>1945—The Role of the Aged in Primitive Societies, L. Simmons</td>
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<td>Social Science Research Council established the &quot;Committee on Social Adjustment in Old Age—1943</td>
<td>1948—Social Adjustment in Old Age, O. Pollack</td>
</tr>
<tr>
<td>Gerontological Society established—1945</td>
<td>1948—Personal Adjustment in Old Age, R.S. Cavan</td>
</tr>
<tr>
<td>Establishment of the International Assoc. of Gerontology in Liege, Belgium—1948</td>
<td>1953—Older People, R. Havighurst</td>
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<tr>
<td>Division of Psychological and Social Sciences established in the Gerontological Society—1952</td>
<td>1954—Geriatric Medicine, E. Steiglitz</td>
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(Source: Oliver and Eckerman, Tracing the Historical Growth of Gerontology as a Discipline, paper presented at the Gerontological Society of America meetings, Washington, D.C., 1979; slightly abridged)
## APPENDIX F

### Research and Organization 1955-1964

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<th>Events</th>
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<td>Univ. of Chicago—-50</td>
<td>1956—<em>500 Over Sixty</em>, B. Kutner</td>
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<tr>
<td>Univ. of California Medical—-</td>
<td>1959—<em>&quot;The Sociology of Aging,</em>, L. Cain</td>
</tr>
<tr>
<td>Langley Porter Neuro-epyschiatric Institute—-1</td>
<td>1959—<em>Handbook of Aging and the Individual</em>, J. Birren</td>
</tr>
<tr>
<td>Duke University—-1</td>
<td>1960—<em>Handbook of Social Gerontology</em>, C. Tibbits</td>
</tr>
<tr>
<td>Univ. of Michigan—-6</td>
<td>1960—<em>Aging in Western Society</em>, E. Burgess</td>
</tr>
<tr>
<td>Cornell—-0</td>
<td>1961—<em>Growing Old</em>, E. Cumming and W. Henry</td>
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<td>Penn State—-</td>
<td>1962—<em>Aging Around the World/Proceedings of the Fifth Congress of the International Association of Gerontology</em>, C. Tibbitts and W. Donahue</td>
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(Source: Oliver and Eckerman, *Tracing the Historical Growth of Gerontology as a Discipline*, paper presented at the Gerontological Society of America meetings, Washington, D.C., 1979; slightly abridged)
## APPENDIX G

### Education 1965-1974

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<th>Events</th>
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<td>Older Americans Act-1965</td>
<td>1965—<em>Older People and Their Social World</em>, Rose and Peterson</td>
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<tr>
<td>Medicare/Medicaid Legislation-------1966</td>
<td>1966--<em>Culture and Aging</em>, M. Clark</td>
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<tr>
<td>Proliferation of M.A. and B.A. programs------Late 60's</td>
<td>1967--<em>Social Integration of the Aged</em>, J. Rosow</td>
</tr>
<tr>
<td>Maggie Kuhn organizes the Gray Panthers--------1969</td>
<td>1967--<em>Older Rural Americans</em>, G. Youmans</td>
</tr>
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<td>White House Conference on Aging-------------1971</td>
<td>1968--<em>Aging and Society</em>, M.W. Riley</td>
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<tr>
<td>National Institute on Aging formed-------------1974</td>
<td>1968--<em>Older People in Three Industrial Societies</em>, E. Shanas et al</td>
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<td>1969--<em>Aging and the Professions</em>, M.W. Riley</td>
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<td></td>
<td>1972--<em>The Social Forces in Later Life</em>, R.C. Atchley</td>
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<tr>
<td>Association for Gerontology in Education established 1975</td>
<td>1975--&quot;History of Gerontology&quot; Birren and Clayton</td>
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<td>1975--Aging: Scientific Perspectives And Social Issues Woodruff and Birren</td>
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<td></td>
<td>1975--Why Survive? Butler</td>
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<td>1976--Handbook of Aging And The Social Sciences Binstock and Shanas</td>
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<td></td>
<td>1977--Handbook of the Psychology of Aging Birren and Schaie</td>
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<td>1977--Handbook of the Biology of Aging Finch and Hayflick</td>
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<td>1977--Aging In Mass Society Hendricks and Hendricks</td>
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<tr>
<td>Older Americans Act Revisions------1978</td>
<td>1979--Introduction to Gerontology Schwartz and Peterson</td>
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<tr>
<td>1983</td>
<td>Help Yourself To Better Health: A Resource Guide For Vancouver's Older Population</td>
<td>Vancouver, The Red Cross, Community Health Division</td>
</tr>
<tr>
<td>1982-1983</td>
<td>Aging In Other Cultures: Conversations With Vancouver's Ethnic Elderly</td>
<td>Vancouver, The Elder Statesman Newspaper, A series of ten articles co-authored with Gray Kyles</td>
</tr>
<tr>
<td>1981</td>
<td>Vancouver's Older Citizens: What Their Needs Are and How They Are Met</td>
<td>Health Promotions Directorate, Health And Welfare Canada, B.C. Region</td>
</tr>
<tr>
<td>1979</td>
<td>Growing Old Safely: Crime Prevention Techniques</td>
<td>The Consultation Centre, Ministry Of The Solicitor General, B.C. Region, co-authored with Valerie Guarino</td>
</tr>
<tr>
<td>1976</td>
<td>Resources Available to the Elderly Through Community Centres in Vancouver</td>
<td>The Department Of Labour, Vancouver, and Micromedia Ltd., Toronto, 1978</td>
</tr>
</tbody>
</table>