RAPID REQUEST

Call # 3 HQ1060 .A3
Note Hale Library Stacks

ILLiad TN #: 837992

Print Date: October 21, 2016

Borrower: RAPID:MUU

Journal Title: Ageing and society
Vol: 10 No:
Date: 1990
Pages: 131-149

Article Author:
Article Title: Who Theorizes Age?

ISSN: 0144-686X

Rapid# -11133857

FROM KKS:
lendserv@k-state.edu

NOTICE: This material may be protected by the
Copyright Law (Title 17, U.S. Code)
Who Theorises Age?

JABER F. GUBRIUM* and J. BRANDON WALLACE*

ABSTRACT
The question 'Who theorises age?' is meant to draw attention to the everyday theorising about age and ageing engaged by ordinary men and women, which, it is argued, has striking parallels with the theoretical products of professional peers. Following a discussion of some phenomenological features of conventional theorising in the field of ageing, the process of ordinary theorising is illustrated from observational and narrative data gathered in a variety of human service institutions, home settings and small groups. Implications of the parallels for understanding the relation between 'theory' and 'data' are addressed and a programme suggested for linking ageing, gerontology, and the humanities.

Introduction

To say the least, the theoretical horizons of social gerontology have greatly expanded since the early days of activity theory. Where an orientation to activity once stood as the basic way to understand elderly well-being, the time for lively debate between activity and disengagement theorists has long passed (Cumming and Henry 1961; Cumming 1963; Maddox 1964, 1965; Rose 1964) and been replaced by such diverse points of view as socio-environmentalism (Gubrium 1973), exchange theory (Dowd 1975), symbolic interactionism (Marshall 1980), the age-stratification approach (Riley 1971; Riley, Johnson and Foner 1972), continuity theory (Atchley 1971), modernisation theory (Cowgill and Holmes 1972), and political economy (Olson 1982).

While theoretical diversity provides fresh air for the attempt to understand the ageing experience, it compels us to ask how to evaluate the differences between them. A democratic attitude suggests that each point of view provides part of the overall explanation; yet this leaves us dissatisfied in being unable to integrate the whole. A strict scientific

* Department of Sociology, University of Florida, Gainesville, Florida 32611, USA.
attitude instructs us to compare the perspectives for efficiency and scope of explanation; but this glosses over incomparability when contrasting assumptions and underlying values are taken into account. An ideological assessment informs us that certain approaches are more leftist or rightist than others, which ignores their dynamic inter-relationship and the practical aims of service providers.

This paper concerns how to evaluate the differences by moving beyond the bounds of formal assessment to ask, in general, who theorises age? The emphasis is meant to suggest that not just professional social gerontologists theorise age; we all do to the extent that we set about the task of attempting to understand the whys and wherefores of growing old. It is argued that when the proprietary bounds of gerontological theorising are set aside, striking parallels can be found between the everyday theorising of ordinary men and women concerned with ageing and their more celebrated gerontological peers.

This presentation falls into three parts. First, the attitude to everyday life of conventional theorising in the field of ageing is discussed. Second, select theoretical features of ordinary discourse about age and the ageing experience are presented from observational and narrative data gathered in a variety of human service institutions, home settings and small groups. Third, implications of the parallels for understanding the relation of 'theory' to 'data' in ageing are addressed and a programme suggested for bridging ageing, gerontology and the humanities.

The natural attitude

Schutz (1970) wrote that the conventional scientific attitude is a 'natural' one. Having a natural attitude means three things in relation to genontological theory: (1) thinking of the ageing experience as a world essentially separate and distinct from the world of theory, (2) empirically orienting to age and ageing as a configuration of principally self-evident facts, and (3) assuming theory to be an explanatory language informed by science, not derived from the world of experience in its own right.

Separate and distinct worlds

Consider the activity theorist theorising about ageing. Like other theorists with a natural attitude, rightly or wrongly, he/she sets about the task of attempting to understand, and hopefully to explain, life satisfaction, taking for granted that 'out there', as it is commonly put,
there will be opinions and sentiments about life having a categorical connection with what people overtly do. As Durkheim (1938) so forcefully urged, he/she approaches one set of facts as 'things', separate and distinct from another category or set, differentiating attitudes and activities. While the activity theorist will not make much of it, and more in line with Durkheim's imperative, the entire ensemble of categories, facts, or things they reference (like attitudes and activities) are, in turn, taken for granted to be separate and distinct from the theoretical activity.

Separate and distinct worlds come under consideration. One world contains what is called data, experience, facts, behaviour, attitudes, or the like. As facts of ageing, it is a world peopled by elderly or those in the process of growing old, referenced as 'respondents', 'subjects', or 'informants', names respectively favoured by sociologists, psychologists and anthropologists. The other world contains a different set of categories and objects, including theory, hypotheses, models, definitions and variables. The activity theorist shares this world with theorists of other persuasions, from the pure to the applied, as well as with those who research their respective hypotheses.

Now, except for the use of the term 'world', this should be all too familiar. Still, while the familiar, of course, was what Schutz regularly described, he was making a very unfamiliar point about it. The point was that the distinction was constituted by an attitude, that is, the different worlds were more a product of the way theorists or scientists treated them than of any natural differentiation.

The world of ageing, for one, is constituted from an age-oriented attitude to time and being. The attitude informs us that the logic of the world of experience is distinct from theoretical logic. It might be said that elderly people do not think the same way as those who theorise about them. They have attitudes and exhibit activities. Their concerns are practical, having to do with real life, its conditions, changes and possibilities. They do not theorise about these matters, at least not in the same way as activity theorists do. Theorists, in contrast, have theoretical and scientific interests. They hypothetically link attitudes and activities in order to investigate whether, in fact, they are empirically connected. Experience is the testing ground for the world of theorising, not the other way around.

The natural attitude can spark a more invidious distinction, where science becomes scientific. It is a habit of introductory textbooks in sociology, for example, to contrast the 'incorrect' beliefs of laypersons about their social worlds with the correct findings of sociologists. In this context, the implication for social science is to communicate what has
been correctly learned, to enlighten the public about the logic of the social world as it really exists, aptly called the ‘enlightenment model’ (see Silverman 1985; Gubrium & Silverman 1989).

Yet, invidious or not, the point remains: what is provided for, or sold to, the public, is based on the tacit, natural attitude making it all reasonable and possible. In this perspective, there is little or no recognition that scientific hypotheses, say, about the relation between attitudes and activities, might emerge from the same world as the attitudes and activities, and that, after scientific inquiry, return to this world further to influence experience according to theorised categories and understandings. As we will later show, when we set aside this attitude in documenting the ageing experience, a rather different version of the ‘natural’ world of growing old, and its understandings, is revealed.

**Self-evident facts**

Having a natural scientific attitude also means that one orients to facts of ageing as if they were, in principle, self-evident parts of the concrete ageing experience, not artifacts of investigation or inquiry. Consider the continuity theorist who, with the natural attitude, attempts to connect life-course change with morale. The usual hypothesis is that continuity in major life events is less likely to produce life dissatisfaction than discontinuity.

In researching the hypothesis, evidence is sought along two fronts — life course change and morale. Of course, in practice, other facts are gathered in the process, to be analysed as possible interventions in, or specifications of, hypothesised relationships. For example, it might be discovered that the positive relationship between life continuity and morale holds only under certain conditions, such as disruptive changes or changes accompanying major, not minor, life events. There may be certain demographic features to the equation, like the finding that men are more subject to continuity effects than women. Whether these are, in fact, found, the logic nonetheless stands: certain facts are expected to be connected with other facts in a certain way, elaborated in relation to yet other facts.

Again, the method of procedure should be familiar to most. Since the facts are taken for granted — self-evident in principle — problems of investigation are methodological, either of procedure or of respondents’ recalcitrance. We might not be asking our questions clearly or our scales might be confusing. We might find in retrospect that our subjects withheld information from us, such as hiding their age for some reason.
The two problems are connected; whether we see them as one and the same depends on how ambitiously we cast methodology.

Given this perspective, the possibility that facts of ageing might be constructed by subjects in response to inquiry is ignored. In the natural attitude, constructed facts are wrong facts, not new ones. Elderly people do not produce a sense of factual order in their lives, nor even a coherent life itself, but respond to factors in living. The idea, for example, that discontinuity as hypothetically linked with life dissatisfaction might be used by elderly people themselves to give shape and meaning to experience goes unrecognised. Recognition would suggest that parts of experience are assigned factual status by those who should be merely conveying facts to us.

The difference between constructed and conveyed facts is important. Facts constructed in response to the researcher’s or others’ inquiry are produced, and can be reproduced, designed and redesigned, as the situation or frame of inquiry warrants. Facts assumed to be rightly or wrongly conveyed in response to inquiry only present technical, methodological problems. Treating the factual status of information as a methodological problem, of course, leaves the status of fact in the subject’s world undiscovered. For example, we do not attend to the elderly man or woman him- or herself, attempting to discover whether discontinuity exists in life, whether he or she is dissatisfied with it, and whether there is a connection between the two.

Scientific theory

In the natural attitude, theory derives from scientific thinking. The continuity theorist, for one, theorises about the relationship between the life course and the self, to argue that persons build a sense of self in relation to continuing roles and interpersonal relations. It stands to reason that when roles or interpersonal relations are disrupted, particularly the most significant of them, it should affect how one feels about oneself and others. Thus the continuity theorist hypothesises that continuity sustains morale. The age-stratification theorist, for another, theorises about the impact of cohorts on attitudes, hypothesising that succeeding generations are likely to think differently about life. He or she cautions us that age per se might not explain life attitudes, emphasising generational or cohort differences instead. It might be accepted that age and political conservatism are positively correlated, but explained as the possible result of particular cohorts having come of age in different political climates. And so it goes, the theorist deriving hypotheses or counter-hypotheses, as the case might be, from scientific reasoning about the ageing process.
Do we find similar reasoning among people in general? Is it only the continuity theorist who draws connections between life change and life satisfaction? Is it only the age-stratification theorist who cautions us about the difference between age, cohorts and generations? Is it only the disengagement or activity theorist who notes the significance of social resignation or continued integration? Is it just the exchange theorist who explains social disengagement in terms of diminishing returns on interpersonal investment? At times, do we not all form similar arguments about the correlates, contingencies and consequences of growing old?

If there are similar kinds of reasoning in everyday life, which we believe there are, it suggests that formal theorising does not originate from a privileged form of reasoning as such about age and ageing. Only in separating and distinguishing the world of science from everyday life is there a basis for calling scientific reasoning ‘theory’ and its everyday counterpart something else. This suggests that the scientific origin of gerontological theorising is more artificial than real.

**Ordinary theorising**

In the following sections, we present observational and narrative data to illustrate and comment on ordinary theorising about ageing by elderly people and others. The term ‘ordinary theorising’ is not original; it has been called ‘practical reasoning’ by Garfinkel (1967) and, more recently, ‘mundane reason’ by Pollner (1987). While various forms of theorising come through in the illustrations, from disengagement to exchange, we highlight the activity of theorising itself more than particular brands of it. At the same time, it should be noted that there are places, times or situations where particular brands are found more useful than others.

**‘Factualising’**

Being active or, simply, activity is a popular concern for elderly people and others, just as it is analytically significant in gerontological theorising. The common exhortation to ‘be active’, or the maxim that one is as alert as one is active, informs us that the degree of activity is considered an ingredient of successful ageing. While we all regularly form hypotheses and give advice about the place of activity in ageing, do we know what activity is in its own right? Researchers seem to think so. They collect facts about activeness by such means as activity inventories
or global subjective responses to Likert-type questionnaire items ranging from highly to moderately active and inactive. The method assumes that activeness lies somewhere in the respondent’s experience, objectively or subjectively. Observational data, in contrast, suggest that what activity is seen to consist of cannot be separated from ordinary theorising, the implication being that activity is as much ‘factualised’ by laypersons as it is a distinct fact gathered by social scientists.

Consider a discussion between a nursing home activity therapist, social worker and the daughter of an elderly patient concerning the patient’s daily regimen in the facility. It occurred in a non-profit-making home studied in the late 70s (Gubrium 1980a,b), but broadly resembled related discussions heard both within and outside other service institutions (see Gubrium 1975; Buckholdt & Gubrium 1979; Gubrium & Lynott 1987). The daughter — call her Susan — had requested a conference with the social worker, because she felt that her father, the patient under consideration, was being ‘pushed too far’ and required less activity in his daily regimen than had been scheduled. Admittedly, Susan was also responding to her father’s complaint about being, as he put it, ‘forced’ to go upstairs, where the activity department was located, when he did not want to. At the social worker’s suggestion, the activity therapist was invited to attend.

The dense, ordinary reasoning in the discussion showed that the fact of the father’s activity took on its reality only in relation to quite recognisable theoretical formulations. Following introductions and detailed reports by both the social worker and activity therapist about the father’s care and daily life in the nursing home, the question of the activity schedule was raised. The activity therapist spoke at length about her programme and its benefits to patients, even demented ones. Not only were particular advantages specified, but, several times, the therapist placed them in the context of a general theory of activity remarkably similar to the activity theory of gerontological renown. We paraphrase her remarks at an especially telling point:

I really think that these people — anyone really — but especially when you get up in age....well, you know, you need to be active. That’s what activity therapy is all about, really. [Elaborates benefits.] Someone asked me once if maybe it was best to just let older people quietly reminisce about life. Can you imagine that? Now that would really be the pits. I really believe that being active keeps them alert. Getting them more involved improves their orientation, their general outlook.

Susan listened patiently to the activity therapist’s explanation and treatment philosophy. The social worker then asked Susan what she
thought. Susan was of a similar mind. She extended the argument and pointed out how she had seen a number of elderly persons ‘come around’, as she put it, when they got more involved in life. The activity therapist explained that a person like Susan’s father, who was much too inactive for someone with his capacities, really should participate in the home’s activity programming. But the specific reference to her father prompted Susan to offer a contrary opinion and take a different point of view:

I wouldn’t be too sure about that [her father’s inactivity]. I’ve known him a long, long time and what you’re seeing now is, in my opinion, not very much different from what he’s always been like. He’s not really inactive; he’s always been the kind of man who just took his time, read the paper, and enjoyed the passing scene. Mother never could get him going, not that he ever wanted to, really. That was more her idea than his. Like now, for him, that’s active. You really have to have known him over the years. He’s active enough. I guess that’s why he’s complaining. To him... well, all those activities, that’s like being overactive for him. He didn’t like it when my mother tried to get him going and I’m sure that’s what’s bothering him now. My feeling is that elderly people just don’t like too much change and when that happens, they react badly.

These remarks make it evident that the factual status of the father’s activity was linked to the particular theoretical context in which it was placed. In the context of the therapist’s explicit activity theorising, the father was inactive and his attitude could be improved by ‘getting him more involved’. In the context of Susan’s contrasting point of view, which indirectly stressed the need to take the continuity of life into account, the father was active enough.

While the exchange was generally cordial, Susan and the activity therapist continued to interpret the ‘fact’ of the father’s activeness according to their points of view. When Susan referred to her father’s lifelong activity level, the therapist explained that her father might have been a lot happier if he had been more involved and that Susan’s mother probably knew that. When the activity therapist commented on how she had from experience seen many patients, residents and other older persons just ‘pop back’ when they were given the opportunity to be involved, Susan remarked that she knew her own father better than anyone and the argument did not apply to him.

At this point, the social worker interjected a third point of view when she suggested that the father might not be so exceptional after all, if one took his generation into account. We again paraphrase:

Maybe we’re forgetting something. People of their generation are really different. Like my grandmother and my husband’s parents... they didn’t have the opportunities we have now. They weren’t used to being on the go all the
time like we are now. Like my own mother and father, who I'd say are from a different generation. For the older generation, they didn't expect to be all that involved and they were probably happy. You know [chuckles], if you take my kids and their friends, you'd think that you were going back a couple generations. They aren't as involved as we were at their age.

From this point of view, the father's activity was in character with members of his generation. The implication was that cohort or generation must be taken into account in determining the factual status of the father's or other member's activity level.

Even an implicit exchange theory was briefly implicated. In a change in perspective, Susan argued at one point that, besides the fact that her father had always been relatively inactive, 'the reason' he did not want to participate more than he did in the activity programme was that he felt increasingly helpless in being able to 'carry his own', as Susan had put it. She explained that when he first entered the nursing home, he could sit up in his wheelchair and handily play cards, but that a growing need for assistance embarrassed him. According to Susan, he detected a certain amount of intolerance from the other patients and did not want to try their patience, lest he be indulged more than he deserved. In this context, to Susan this meant that her father's current activity was not less than ideal but acceptable in the balance of circumstances.

While, of course, the factual status of the father's activity was being argued in relation to a nursing home patient, each party to the discussion extended comparisons and tacit theoretical ideas to older people in general. It was repeatedly evident that what was being differentially theorised was the personal and interpersonal implications of activity for elderly people in general, not just the activity of the nursing home patient. It was evident, too, that the ordinary theorising of the participants in the discussion had striking affinities with elements of activity, disengagement, age-stratification, continuity and exchange theories. In the process, the continued linkage of cases and explanatory context produced diverse factualisations of the father's actual activities. Additional ordinary theorising about activity levels and their relation to a variety of other aspects of conduct, both in and out of service facilities, made it difficult to imagine how the meaning of actual behaviour could be known except in a theoretical context.

Fieldwork in several nursing homes and rehabilitation facilities also suggested that there could be an ideological aspect to ordinary theorising. Theories were used that coincided with particular interests. For example, in speaking to activity therapists in several nursing homes, they mentioned the 'pressure' they could be placed under if they did not show evidence of participation by patients and residents.
According to the director of one department, they 'had' to see things in terms of patients being active or they would eventually lose their justification for being, not to mention their jobs. Thus, while Susan's father's activity therapist might very well have believed in her own view of the relation between activity and well-being, there were good organisational reasons to take that perspective. This was not as imperative for the social worker, Susan or the father.

Constituting the subject

Not only does ordinary theorising construct particular facts of ageing, separate from what gerontologists’ theoretically-informed methods specify, but the meaningful boundaries and content of the subject him- or herself has an ordinary theoretical dimension. Our recent study of life course narratives among near-centenarians showed that the simple request to tell the story of one’s life posed considerable conceptual difficulty. Before the story could be told, respondents were at pains to know where to begin and what to include. It was not clear what the margins of a life were for the telling. In other words, the boundaries of the subject had to be constituted before its substance could be conveyed. Interestingly, there were different ways of setting the boundaries. Overall, analysis of the tape-recorded, narrative data showed that whether we call it the subject, informant or respondent, he or she both produces an entity to respond from and conveys information about it when inquiry is conducted – in effect, theorising subjectivity in the process of conveying it.

One boundary was the start – where to begin the story. Take, for example, a 91-year-old man who offered two possible beginnings, each of which would lead to different stories and thus distinguish its 'subjects'. The following brief exchange took place after he was asked to tell his life story and told he could begin anywhere he wished. Note that the interviewer allowed for ordinary theorising about the telling of a life rather than focusing exclusively on life facts.

Respondent: Well, I could start from the time I came to this country from Italy. Interviewer: Came to this country from Italy? Okay. So you think that's a good place to begin?
Respondent: Or either I could begin when I came to Martinville in 1921 and started here in business.
Interviewer: So there are two beginnings then. There's when you came to this country to begin with and...
Respondent: [Interrupting] I don't know if this story is going to be any good to you or not.
Interviewer: Well, anything you tell me will be fine. [Pause] Why do you think when you came to Martinville would be a good place to begin?

When neither of the two possible starting points was validated by the interviewer, the respondent seemed to waiver, uncertain about whether his story would be 'any good'. Yet when asked why his arrival in Martinville was a good place to begin, we see in the respondent's comments how this beginning could, and did, serve to constitute the subject of a particular story, that is, one among several possible ways of telling his life story. This one, beginning when its subject arrived in Martinville, was about a young businessman who came of age making and selling ice cream in the backroom of a hotel and eventually opened a successful and prosperous hamburger restaurant. Had his story begun with the trials of a new arrival to America, which he was later asked to address, the subject of the story would have been constituted differently, featuring the struggles of a young Italian immigrant as he learned a new language, culture and way of life. The plot and tone of the story as well as our image of subjectivity are significantly affected by its selected starting point.

Another way of constituting the boundaries of a life, as told, is to segment or compartmentalise its story. The prefatory comments of a 93-year-old man demonstrated this segmentation as he considered how to proceed:

Well, I thought I...figured that maybe I'd take up the family. That seems to me to be involved, and then following that I'll go back and talk about the work, the crops and so forth that we did which might be involved in my story, and then I'll drop back and pick up my education from the second...uh...first grade and then the fourth thing I could come into my work, my education over into my work. I hope I can do that.

This respondent planned to communicate the subject's story by dividing it into four distinct parts, highlighting topical distinctions, not timing, as some other respondents did. Family life, childhood on the farm, education and work each were addressed in turn and treated as distinct domains of experience. While the respondent later admitted that these various aspects of life were really not as separate as the presentation suggested, he explained that he chose to divide his life story in this fashion because, 'I just felt like I could handle it a little better that way'. When permitted to convey his reasoning, it was evident the respondent had theorised about the process of story-telling, which again implied that what was told were not just facts of life, but a calculated version of them.
Typication was another device serving to constitute the subject. For example, the subject was typified as a particular kind of person and a meaningful story constructed around him/her. This is illustrated in the following excerpts from an interview with a 90-year-old black woman. From beginning to end, she stressed that she was the type of person who loved, and was loved by, everybody, regardless of who they were or their skin colour. She began her story in this way:

Well, I'm named Emmà Strong. I was born in Columbia County and been there nearly about all my life. I had a father and a mother. Both of them is dead. And I married a man named Isaac Strong. He's gone. I was the mother of two sons, Frank and Isaac, both of them gone. So I'm still here. I got some grandchildren and great-grands, friends, and all. And everybody, white and coloured, is real nice to me. And they want...somebody...some of the people want to know how come, Emma Strong, white people and everybody love you so. I say, 'Well, the Lord made us all, and he made us just like he wanted us to be'. And I said, 'When he made us, he meant for us to love one another'. And I just love people. I pray for that prayer. I just want to love people.

Later, she again conveyed the type of person she was by way of a conversation that took place at her church:

I say, 'I'm praying one prayer.' 'Well, Strong, what is you praying for now?' I say, 'I'm praying and asking Jesus to fix me so that I will love everybody.' They say, 'You can't love everybody.' I say, 'I can't?' 'No.' Then one of them commenced to jump up and say how she loved Jesus. I say, 'Why can't I love everybody?' 'Cause you ain't seen everybody.' I say, 'That's right, I haven't seen everybody.' Then I looked over at 'em and I say, 'Listen, do you all love Jesus?' One of them just went to shouting, 'You know I love my Jesus!' I say, 'You sure you love him?' 'Yeah!' 'Did you see him?' 'No.' I say, 'Well, that's what he said.' 'What'd he say?' 'He say we got to love them we see, them we know, them we don't know, and them we ain't gonna never see, to get to heaven.' They settled down shouting.

No fewer than ten times in the course of her story did she mention the fact that she tried to love everybody. As a result, she claimed everyone loved her. The entire story was structured around the typification, giving the story form and making it meaningful. For example, her account of how 'the white people' helped her to get her Social Security and the report of her encounter with the man who had been accused, but acquitted, of killing her son, all pointed to the loving and loved person she presented.

Some respondents embedded their subjectivity in others, in particular those whose stories they believed to be important enough to tell. One respondent claimed there was no story to tell, since she, and her life, were not worthy subjects of narrative. She went on to say that, were her
husband alive, he would have a story worth telling, more exciting and interesting than her own. Implicit in her comments was the assumption that a narrative account, like the one requested, required that the subject be extraordinary. Who, after all, would want to hear about someone as ordinary as herself?

This was echoed in the comments of a 92-year-old woman, a rather demure story-teller.

I have a question. Mine is a little bit dull, because I didn’t get out much. I was married real young and I had ten children. We lost one at the age of four, about four, when this... uh. They called it ‘infantile paralysis’ at the time. It’s the same as what they have now by another name, and so he died. But the rest of them are alive and married and have families. So I have, uh, about twenty-two grandchildren and forty-seven great-grandchildren and fifteen great-great-grandchildren. [Laughter.] That part probably isn’t interesting, but I have to tell you ’cause that’s most of the things. I don’t know. I just of course was always kept busy with them so I didn’t do very much.

Eventually the respondent stated that she felt her early life before she married was most interesting, explaining ‘because when I got older, well of course, like I say, having children all the time you didn’t do much, only stayed home and took care of them and that’s not of interest’. She reiterated the point as she concluded her discussion of her early life:

Then shortly after that I got married. From then on, life was children, children, children. [Laughter.] So there really isn’t a lot of probably exciting things like some people have.

The individuality of the subject seemed to disappear in the narrative, replaced by the family, or more precisely, the children. Her story thus became the stories of her children.

Metatheorising

Not only do ordinary men and women concerned with ageing assign theoretical meaning to facts and differentially constitute subjectivity, but they also contemplate and criticise theorising in its own right. In other words, they engage in metatheoretical activity. While, as we have seen, some interpret facts in terms of activity or disengagement arguments and others orient to continuity and age-stratification, among other frameworks for understanding ageing, they also consider the analytic adequacy and ideological underpinnings of the choices.

Metatheorising is not the same as empirical demonstration. Metatheorising does not so much centre on how well theory accounts
for the facts, as it aims to compare and assess theories for their epistemological assumptions and empirical and practical inferences. This presents three related questions: what is understood to be knowable about the meaning of growing old; what do particular perspectives on ageing take for granted to be the nature of the ageing experience; and what are the practical, ameliorative consequences of the assumptions?

The actual language of ordinary metatheorising, of course, is not the same as its scholarly counterpart. Rarely, if ever, were the terms ‘metatheorising’ and ‘epistemology’ heard in the field, read in personal documents, or conveyed in narrative material. The word ‘theory’ was often mentioned, however, as were ‘hypothesis’, ‘data’, ‘facts’, and ‘proof’. Still, in as much as the stem ‘meta’ implies a going beyond and reflection on activity, notably theorising, we witnessed much ordinary metatheorising.

In field work in diverse support groups for home caregivers of Alzheimer’s disease patients, it was found that what is commonly scientifically theorised about caregiver behaviour could be concertedly and contrastingly ‘metatheorised’ by caregivers themselves (Gubrium 1986a). Scientific theorising about the caregiver’s response to the home care comes in two forms. One, centred on what Gubrium and Lynott (1987) have called the ‘care equation’, frames the caregiving experience in terms of the interrelationship of three major variables: the impairment, the burden of care, and the institutionalisation decision. In its original form, the argument was that the afflicted person’s increasing impairment leads to heightened stress or felt burden by the caregiver, which, in turn, increases the likelihood of nursing home placement. While theory and research in this area have taken account of social support and kind of impairment, among other intervening complications having an impact on the outcome, the understanding nonetheless always has been that one could precisely ‘get at’ the meaning of the caregiving experience.

The other form of scientific theorising takes a more developmental view, highlighting how the caregiver personally adjusts over time (see Gubrium 1986b, 1987). Much is borrowed from Kübler-Ross’s (1969) stage model of the dying experience. Applied to the Alzheimer’s disease caregiver, the idea is that the caregiver goes through psychosocial stages of adjustment to home care. At first, there is a focus on cure, supported by the hope for medical breakthroughs, remission, or a plateauing of the disease’s progress. Thus the caregiver denies the reality of incurability and inexorable decline. Gradually, the caregiver and others ‘bargain’ or otherwise accommodate themselves to
‘possible’ outcomes for both the afflicted and themselves. In time, though, the reality of a definitive outcome sets in and the need to think more about how the disease is affecting family and significant others than about its impact on the afflicted. Finally, the ‘realistic’ caregiver adjusts by accepting the inevitable.

In contrast, observation in the support groups studied showed that, in time, the caregivers themselves considered and discussed the broad outlines of both forms of theorising about the home care experience, and did not simply serve as passive subjects of the scientists’ theorising. Facilitators and perceptive participants established links between the impairment, stress, institutionalisation and complicating interpersonal conditions. All participants soon made references to stages of adjustment, which provided a common framework for discussing the variety of responses to the disease.

Yet, there were rather poignant occasions when ‘after all was said and done’, as it was commonly put, the theories were said to be inadequate means for understanding what it was ‘really like’, meaning the Alzheimer’s caregiving experience. Indeed, it was not uncommon for those concerned to agree that no theory, no matter how scientific or professionally accepted, could adequately capture – get at – the meaning of the experience. Those concerned were sometimes at pains to put the meaning of the experience in words. No words, it was said, could describe one’s thoughts, let alone how one felt. Words, of course, are both a requisite and hallmark of theory. At such times, the epistemological assumption that it was possible theoretically to capture the experience was effectively challenged.

The metatheoretical impasse, however, could be overcome – through poetry (Gubrium 1988). The public culture of the Alzheimer’s disease movement, especially the chapter newsletters of the Alzheimer’s Disease and Related Disorders Association (ADRDA), was filled with a folk poetry of the disease experience. Poems written by caregivers, significant others, and by the ostensible victim, regularly appeared to present what it was ‘really like’, in a way that plain words could not convey. Readers were encouraged to submit poetry. It was not uncommon for support group participants or facilitators to read a poem or refer to one they had read as a way of communicating otherwise incommunicable thoughts and feelings. While the poem’s contents were usually gushy, often poorly constructed, and seemed to say much less substantively than ordinary prose communicated, the poetic medium, it was agreed, ‘said it all’. It was agreed, too, that what was derived from poetry was the ‘heart’ of the experience, which neither the care equation nor psychosocial stages – nor theory – could
ever hope to convey. In their own way, those concerned thus metatheoretically displaced the discourse of scientific theorising with one grounded in the humanities.

One especially important consequence of thinking about the disease experience poetically, anti-theoretically, or otherwise anti-scientifically, was the periodic anti-professional sentiment that arose in support groups. Some groups had been more successful than others in establishing concerted traditions of self-help, even though all groups presumably had that aim. What was of particular significance metatheoretically in the concertedly anti-professional groups was the constant turning away from scientific theorising about the disease experience, and especially from prescriptions for how to respond to the disease’s effects. For example, the latest scientific thinking about the process of adjustment could be glibly dismissed as just another ‘grand theory’ that said nothing about the way it ‘really’ is, let alone the complications. Vivid references were made to ‘the doctors’, ‘the scientists’, or ‘the experts’ and what they did not know about the impact of the disease; rhetorical responses were likely to come in the form of ‘how could they know?’

These hostile reactions did not necessarily involve wholesale dissections. Any theory could be picked apart mercilessly, with considerable analytic sophistication. In the process, caregivers brought to bear the factual significance of the breadth, depth and varied substance of their own and others’ experience. Combining logic, ordinary philosophy and fact, self helpers in their own way showed how science could be of very little value for understanding what they called ‘the real world,’ one they new best (see Gubrium 1990).

Linking social science and the humanities

While we have focused on factualisation, the constitution of subjectivity, and metatheorising as exemplary features of ordinary theorising about age and ageing, the ethnographic and narrative data show evidence of extensive theoretical activity. Caregivers, for example, not only critically reflect on theory in general, but form hypotheses, ‘test’ them out of their own and others’ experiences, and build on previous analyses. While elderly people, their families, caregivers, and significant others do not refer to themselves as social or behavioural scientists, their ordinary analytic activity in pursuit of meaning and understanding in everyday life indicates that they give shape and
substance to their experiences in their own right, separate from how we, as social scientists, interpret them.

We do not want to give the impression that ordinary theorising is entirely tacit. Those concerned do not engage in ordinary theoretical activity without the slightest inkling of their considerations. Their references to ordinary theorising are often quite telling, as they periodically speak explicitly of particular ‘hypotheses’, ‘theories’ and ‘evidence’. These are not just borrowed scientific coin nor manners of speaking, for there are times when they quite vociferously come to theoretical blows as one or several voice the preferred conclusions and understandings of one theory or view as opposed to another. The evidence, too, is sifted through and comparatively evaluated, not only according to weight, but also in relation to whether it is warrantable evidence in the first place.

When we suspend the natural attitude and allow the ordinary theoretical activity of the aged and others to become visible, a whole world of reasoning about the meaning of growing old, becoming frail and caregiving comes forth. We find that theory is not something exclusively engaged in by scientists. Rather, there seem to be two existing worlds of theory in human experience, one engaged by those who live the experiences under consideration, and one organised by those who make it their professional business systematically to examine experience. To the extent we all attend to experience and attempt to understand it or come to terms with its varied conditions, we all theorise age. To privilege scientific theorising simply on the basis of its professional status makes scientific what otherwise could be firm recognition of the theoretical activity of ordinary men and women, along with the opportunity to refocus social gerontology from behaviours to meanings embedded in ordinary discourse.

This, of course, raises the question of the relation between ordinary and professional theorising. As far as professional, scientific theories are concerned, it suggests that we consider the political underpinnings of select theories or hypotheses (see Gubrium and Silverman 1989). The question would be whether the theories or hypotheses are politically neutral, as is often claimed by scientists, or whether they selectively support particular interests. For example, it might be said that activity theory harbours individualist, old-style liberal sentiments, while disengagement theory resonates a more socially conservative attitude. Olson (1982), indeed, has argued that most theories of ageing are theories of adjustment, being individualistic or accepting of the existing social arrangements of old age. The theories analytically reproduce and
empirically confirm ordinary, old-style liberal or conservative sentiments, not radical or existential ones. These possibilities suggest that professional scientific theories basically derive as much from the perspectives and values of the world they examine as from scientific enquiry.

As far as ordinary theorising is concerned, the relation suggests that what is derived from lived experience may return to it. For example, while Kübler-Ross formulated a stage theory of the dying experience, her stages and analytic logic have not remained exclusively the preserve of professionals. Her model has become an integral part of the public culture of dying. The dying, significant others, and service workers now accordingly assign meaning based on her theory to related experiences. It was not uncommon in the field settings studied for explicit references to be made to Kübler-Ross or to the stage theory of dying, suggesting that what once was theory or perspective has become an ordinary way of giving meaning to experience – elderly people, the dying and others conveying related experiential facts in stage-like terms. As we noted earlier in regard to activity theory, this return of theory to lived experience can be professionally cloaked as service workers commit themselves to particular treatment philosophies and organise their interventions along specific theoretical lines.

The analytic, sentimental and political parallels, along with the mutual influences, suggest that much about the science of ageing is humanistic. It is not value-free. It is not free of the influence of lived experience. Its logic is not unique. Underpinning both social gerontology and the humanities of ageing is the common project of understanding experience. It not only draws from experience in forming interpretations, but returns to it with clear and systematic insights. The common commitment generates and harbours diversity, not the parochialising borders of unified and tested facts and theory.

Broadly, the project is two-pronged. In linking social gerontology and the humanities, scientific theory takes serious consideration of ordinary theorising and draws on the wide spectrum of experiences, perspectives and interests in developing frameworks, forming methodologies and undertaking analyses. In turn, science no longer has a corrective function with respect to ordinary theorising, but becomes systematic cultural critique, that is, a professional source of insights for understanding experience, in particular the ageing process. What the humanities of ageing offer social science are possible categories for the systematic exploration and explication of the ageing experience; what social gerontology returns are scientific understandings of the languages of everyday life.
References