SOCIALY RECONSTRUCTING A MORE “COMFORTABLE AGING” PROCESS

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Learning to Be Old: Gender, Culture, and Aging, by Margaret Cruikshank. Rowman & Littlefield Publishers, Lanham, MD, 2003, 256 pp., $65.00 (cloth), $22.95 (paper).

Margaret Cruikshank’s main idea in Learning To Be Old: Gender, Culture, and Aging is that the way the aging process is socially constructed at present is detrimental, especially to women (although she is careful to include the impact on men). She even criticizes what many have come to regard as steps in the right direction—promoting terms such as “successful aging” and “productive aging”:

When success is proposed as an aging model . . . a White, male, middle-class professional outlook is taken for granted. . . . Another problem with successful aging and its counterpart, “productive aging,” is its implication that aging depends mostly on our own efforts.” (p. 2).

Cruikshank urges that we eliminate negative constructions by unlearning what we have come to know. The misconceptions, the stereotypes, the ways in which the aging process is socially constructed, must all be deconstructed, and then reconstructed to fit a more positive model of aging—what the author terms “comfortable aging” (p. 3)—an old age characterized by ease rather than judged by external measures.

Cruikshank lays the groundwork for achieving such a reconstruction by focusing on cultural myths and stereotypes, fear of aging, medicalization and the “sick role,” healthy aging, politics, White middle-class privilege, and keeping busy and spirituality. She also presents a feminist view of gerontology. A prominent feature of this book is the author’s attention to issues of heterogeneity that are sometimes overlooked or intentionally ignored in treatments of the social construction of aging. Cruikshank specifically addresses markers of difference such as class, gender, ethnicity,
and sexual orientation. Her attention to these key areas of difference in shaping the aging experience sets this work apart from those social construction treatises that mostly focus on public policy (or political economy) without getting to the cultural forces throughout the life course that develop, promote, and perpetuate significant issues older adults are faced with in late life.

The Impact of American Culture

Learning To Be Old begins by illustrating cultural differences in the way older adults are viewed, pointing out that it is too simplistic to simply say that older adults in other societies are venerated, while they are devalued in American society. Nonetheless, there are some very specific persistent cultural expectations in the United States, such as self-reliance, self-reinvention, and creativity. Self-reliance, or “rugged individualism,” is not a social expectation unique to one’s status as an older adult. In fact, what makes this expectation all the more significant is its inception at a very young age, and its pervasiveness throughout the life course. Furthermore, self-reliance, often set up as the opposite of dependency, influences the ways in which aging individuals come to understand their own aging processes. Satisfaction with one’s life, even how one perceives one’s health, becomes entwined with our cultural ideas about self-reliance and independence.

Cruikshank argues that “an American cultural myth that fits the aging process better than self-reliance is the belief that we can reinvent ourselves” (p. 17). Again, this is not unique to older adults, given that our culture is all about “moving on” if something doesn’t work out. And the move is more often an internal distinction, not necessarily a physical or social change in scenery. Reinvention is stressed in ideas about retirement and what it means to be old that are promoted and perpetuated in advertisements for products and services dealing with all aspects of old age, from medicine, to financial planning, to hobbies and travel, to living settings. Yet, structurally, our society is not necessarily conducive to older adults reinventing themselves, unless the reinvention is culturally acceptable and prescribed. For example, Cruikshank notes that one of the more significant ways in which one can be self-reinventive is through education. Yet our educational system does not necessarily welcome older individuals. Cruikshank also argues that there is a male-centeredness to self-reinvention, and points out that the prospect of reinvention may actually be more significant for women who never had the opportunity to invent themselves in the first place, but simply followed predetermined expectations for how their lives would play out.

Although creativity is an attribute often accounted for on an individual basis, for older adults this trait is culturally perceived as one that is at the core of self-reinvention—the new activities, opportunities, and ideas one is supposed to embrace. It is important to recognize, however, that there are a great number of obstacles faced by a large percentage of people as they attempt to achieve these expectations. Because such expectations have evolved from a White, middle-class, male standpoint, individuals with these characteristics have a substantial advantage in developing and enjoying new activities, opportunities, and ideas as older persons.

Fear of Aging

A major theme in American culture is the fear of death and thus, in part, a fear of aging. Cruikshank does a good job of illustrating how fear of old age is deeply embedded within our language. She points out that most of the discussion about population aging is instructive because it is laced with premises of fear, crisis, problems, and the need for preparation. As social scientists, we know that language is the most crucial element of socialization. How something is communicated is of the utmost importance when figuring its impact. Cruikshank’s interpretation is, “that is why conservative rhetoric about population aging is so emotionally charged” (p. 27).

The greatest realm of fear about the increasing number of older persons is economics. Policy discourse about population aging centers around the economic ramifications for younger individuals in our society, creating an “us versus them” mentality. This adversarial rhetoric is detrimental not only to older adults, but to those younger individuals who don’t fully understand that they will be negatively affected, even now, if economic resources for older people are reduced, as well as when they, themselves, reach older adult status. Cruikshank concludes, pessimistically, “False assumptions can influence large numbers of people, however, and the result of conservative arguments that the old can threaten future generations is that we have lost the social contract of the Lyndon Johnson era, according to which the old should be cared for” (p. 29).

The “Sick Role” and Overmedication

Another major theme related to growing old is physical health status. Explaining the importance and consequences of the “sick role,” Cruikshank argues:

One mark of the social construction of aging is overemphasis on bodily decline. The meaning of old age then becomes physical loss. When the old are reduced to deteriorating bodies (which change in infinitely different ways), they can easily be marginalized. (p. 35)

As a result, being old is a “medical condition,” and corporate health care takes on a large role in the lives of today’s older adults. With such a premium
Hand-in-hand with the sick role, another important issue is what Cruikshank characterizes as “overmedication.” “People over sixty-five make up 12.4 percent of the population according to the 2000 census, but use 34 percent of the prescription drugs (some estimates say 45 percent)” (p. 51). Drug use among the older population usually consists of multiple medications for many different ailments over long periods of time. Cruikshank refers to estimates that indicate a large percentage of older adults are taking six to eight drugs a day. Most of the focus has been on the high cost of drugs for the older adult population. Although this is an important issue, this author asks a more poignant question: “Should the old be taking as many drugs as they now take” (p. 52)? Changes in the body that occur with age—such as changes in height, weight, and metabolism, loss of lean body mass, diminished blood flow, and decreased kidney and liver function—can all affect the way our bodies absorb and react to various drugs. Most often these changes result in the body retaining drugs in the system longer. In addition, with many older adults taking a number of different drugs for multiple conditions, this can lead to drug interactions that have adverse effects. Drug use stems from another “cultural preference for a fast solution … Americans are well known for liking quick fixes, and taking a drug for a medical problem is certainly easier than changing diet, increasing exercise, or reducing stress” (p. 63). Of course, the cultural pressures to overmedicate don’t suddenly emerge as one reaches the age of 65. The prescription drug industry implores us to consume its products at all ages, as illustrated by current marketing trends. Cruikshank laments that we are unable to compare overmedicated aging with drug-free aging. So we simply continue to take on faith the necessity and benefits of drugs purveyed to us by the drug makers.

**Healthy Aging**

In Chapters 5 and 6, Cruikshank offers her remedies for overmedication and the sick role. If alternative and preventative ways of dealing with our bodies and our health could be emphasized earlier in the life course, there might be far less need for drugs in our journey into later life, thus reducing the number of individuals who are dangerously and needlessly overmedicated. In addition, this strategy puts the emphasis on a “healthy physical aging,” rather than on the sick role. Cruikshank estimates that perhaps as much as half of the decline seen as normal aging is due to preventable chronic illness. She highlights the importance and positive effects of strength and flexibility exercise—specifically yoga, tai chi, and qi gong—as particularly conducive to healthy aging, especially for women. Also discussed are the impact that nutrition has on the aging process (including the obstacles to good nutrition), the changes in the body that affect nutritional needs, and the role of vitamins and herbal supplements. In addition, Cruikshank includes the brain and emotions as key components of healthy physical aging. She notes, “Some gerontologists believe that depression is the most serious disorder of late life” (p. 79), but it is often considered a waste of time to use therapy to treat elders for depression because of the notion that older persons will not grow or change in response to it. Cruikshank does a good job of contradicting this ageist bias.

Alternative medicine—chiropractics, homeopathy, acupuncture, ayurveda, clinical ecology, massage therapy, rolfing, body mechanics, and the Feldenkrais method—receive attention from Cruikshank in considerable detail. She views alternative practitioners favorably because they typically spend far more time with patients than mainstream doctors are able to, and “their holistic approach to health equips them to work especially well with older people” (p. 81). Although there has been a significant increase in the growth of alternative medicine, Cruikshank thinks that its effectiveness is not widely known because most alternative solutions are not covered by health care plans today. Moreover, she notes a class bias at work in that alternative medicine is predominantly accessed by White, middle- and upper-class older adults.

**Markers of Difference**

In a chapter titled “Gender, Class, and Ethnicity,” Cruikshank clearly outlines the intersections of these critical markers of difference. Scholars in the area of minority health and aging know all too well the ramifications these differences have for aging outcomes, and this chapter does an excellent job of highlighting them. In addition, Cruikshank—a teacher of gay and lesbian studies for many years—discusses sexual orientation as a factor in the aging process. This is a phenomenon often ignored in studies of aging, yet it most certainly has an impact on the aging process for those who identify as gays and lesbians. Although social class is the overarching
marker, each of these factors in its own way is a predictor of class, especially in later life.

The Persistence of Ageism

Although the term “ageism” was first coined in 1969, to reflect a systematic stereotyping of and discrimination against people because they are old (Butler, 1969), the problems of ageism have hardly been rectified since then. To underscore this point, Cruikshank observes, “No credible public figure would condone sex or race discrimination, but the harmful impact of age discrimination has been denied or trivialized by Supreme Court justices” (p. 135). She argues that the cultural basis for ageism is strong, starting with the fear of aging that our society addresses with a derogatory brand of humor when referring to our older ages. Our language reflects negative stereotypes about aging, and puts a premium on youth and staying young. This is often unintentional or well-meaning. As an example, Cruikshank notes, “Gerontologists perpetuate ageist language by using the term ‘young-old’ to distinguish people under seventy-five from the ‘old-old.’” (p. 140).

The media, especially through advertising, are major avenues for ageist stereotypes, sending the message that “being old is undesirable, something to disguise in order to be acceptable” (p. 143). Ageist messages are also embedded in the workplace where negative stereotypes about older workers have existed for some time, and laid-off older workers are much more likely to have greater difficulty finding another job than younger ones. The family as a social institution has also had a hand in promoting negative stereotypes in that the traditional family model is not set up to nurture late-life development of family members. Moreover, grandmother characteristics and role expectations ultimately get assigned to older women, even those women who are not grandmothers.

Cruikshank also addresses the “internalized ageism” that exists among older adults, especially women. She cites statistics showing that from 1997 to 1999, cosmetic surgery in the United States increased by 50%. Although there are many products on the market to assist us in looking younger, cosmetic surgery is the most extreme. Appearance is one area where there has been “limited influence of feminism on aging attitudes” (p. 148). Women internalize the cultural notion that remaining as youthful looking as possible is to their advantage, thereby fostering a false sense of control and serving to promote further the ideal that young is better. The double standard for women and men does not help to rectify this. Messages that promote older men as distinguished, or full of character, as well as the more prominent roles in the media for older men than older women and the phenomenon of much older men paired with very young women, all serve as contributors to the internalized ageism of older women.

Prescribed Busyness

A contradiction in our culture regarding old age is that while being assigned the sick role older people are expected to stay busy in order to achieve productive aging. In Chapter 9, Cruikshank characterizes this as “prescribed busyness.” The old must “Be Busy, for busyness is equated with worth and mental competence” (p. 159). Conversation among individuals often centers on the question: What do you do? For most of us, this relates to our work. However, as older adults, it sets up the assumption that other activities serve as a replacement to previous productivity achieved through work. Travel, taking up new hobbies, volunteer work, or even a part-time job, are all roles that fit in nicely with the ideas of reinventiveness and creativity (discussed above) and they function as social controls of the older adult population. Instead of responding to increased life expectancy “with a set of values appropriate to late life, however, we are stuck with mid-life’s emphasis on work and productivity” (p. 170). We even emphasize these values with young children today. We give them day planners and cell phones, and subject them to rigorous schedules, such that the spirituality that goes along with being a child, that sense of childhood, is gone. For older adults, retirement is perhaps a time they have longed for, a time for enjoyment after many life dues have been paid. Yet, being old today has very specific cultural meanings that restrict many individuals to a particular way of life. As an antidote for busyness, Cruikshank recommends spirituality, or “an awareness of spiritual values ... attitudes, beliefs, and practices expressed privately or in small groups, independent of formal religious institutions, or an inner awareness of meaning that transcends the ordinary” (p. 165).

“Gerastology”

Cruikshank culminates her ideas in Chapter 10, where she introduces her term “gerastology.” “‘Geron,’” she notes, “is the Greek word for old man, and gerontology is literally the study of old men. I propose “gerastology” instead, the study of old women from a feminist perspective” (p. 174). Cruikshank is misinformed when she asserts that there is insufficient study of women in the aging research literature. It would be more accurate to say that that the literature on older women rarely has a feminist perspective. Cruikshank is on more solid ground, however, when she suggests that there is a lack of aging-related issues discussed within women’s studies. Cruikshank highlights the bodies...
of work that do address women’s issues in aging, and puts forth good recommendations for future research that will help to further the body of literature in this area. “Gerastology will require multiple voices because of the breadth of women’s aging issues ... topics that lend themselves to a feminist analysis: the strengths evident among many old women; longevity; life changes; housing; aging research; standpoint theory and crones” (p. 191).

Although Cruikshank considers her book to fall somewhere “between practical guides to aging and theoretical work,” *Learning To Be Old* is a nice text for both the graduate and undergraduate levels, either in courses on the sociology of aging or in women’s studies courses to provide a feminist perspective on aging. Her focus on cumulative disadvantage for some and cumulative advantage for the White middle class serves to provide a better understanding about privilege across the life course and the ramifications it may have for late life. Focusing on the life course “has the advantage of finding roots of old-age problems or conditions in earlier decades ...” (p. 6). Consciously rejecting the current myths and aging stereotypes, and taking steps to remove and replace them are at the heart of Cruikshank’s prescription for achieving a more comfortable old age.

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References