The Quo Vadis of Gerontology:
On the Scientific Paradigm of Gerontology

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After almost 20 years of gerontological research, I feel a need to reflect on the more basic theoretical frameworks within which gerontological research is practiced. I have chosen to pursue a critical examination of what it is we are really dealing with in gerontology, and what must take place so that our research can develop and deepen. Guided by thoughts from the sociology of science and the sociology of knowledge, I would like to show how relative the knowledge of aging is.

This relativity exists on several different levels. First, the general ideas about aging and elderly people are relative to conditions of culture and time. Then, empirical knowledge is directed by the choice of theoretical points of departure, which is itself relative to culture and history. With illustrations from a number of studies, I will show how poorly many of the research findings agree with our theoretical assumptions, and how difficult it is, despite this, to abandon the theoretical points of departure that we have chosen. I will argue that the usual theoretical points of departure for gerontological research only represent a narrow corridor in a theoretical field that actually is much broader.

A nationwide Swedish project, The Elderly in Society, in which I participated, chose a number of theoretical points of departure. The most central of these came to be called the resource perspective and quickly gained great popularity. According to this point of view, we ought not see older people as a problem but as a resource. This new resource perspective was not only to expose a number of mythical pictures about the elderly, but finally it would also call our attention to our own mythical pictures within the discipline.

The consciousness that aging can be seen both from a misery perspective and a resource perspective released new knowledge early in the research process. The first research report of the project (Tornstam, 1981) showed how younger people overestimated the problem-reality of old people, compared with how the elderly themselves defined their situation. It was further shown (Tornstam, 1983a) that knowledge about the actual conditions of the elderly was vague and had a pessimistic coloring.

The Root of Our Misery Perspective

Why do our pictures of the elderly look the way they do? Why do we tend to depict older people as more sick, feeble, and miserable than they really are? Above all, why do we in gerontology nurture myths related to these negative images? The sociology of knowledge and the sociology of science give us some useful clues.

In the contemporary sociology of knowledge there is evidence that science is not as "scientific" as was previously believed. Even if it had long been known that the direction and speed of scientific development was related to the society in which it was developed, it was relatively recently accepted that the core content of science — the concepts, the theories, and the way of interpreting data — was also related to the society around the sheltered scientific community (Young, 1973; Lemalne, 1976).

Much of the very substance of science is nothing but "common sense," which, imported from the surrounding society, becomes an integral part of recognized scientific practice (Elliot, 1974). Holton (1973) argues that all scientists import, from the surrounding society, basic presuppositions that inform and guide their work. They commit themselves to assumptions of conflict or consensus, development or equilibrium, a misery or resource perspective. These presuppositions are often taken as "givens," and can be looked upon as an unconscious overflow.

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m society to science. In the following I am using the term *overflow* to refer not only to the input of idiosyncratic presuppositions from society to scientific theory, but also to the fact that such basic presuppositions affect the way in which empirical research is carried out and interpreted.

As a typical example of this phenomenon, Mulka \(1979\) has analyzed the development of the Darwinian theory and concluded that it is based to a large extent on what he terms "informal thinking." The major interpretations proposed were not based directly on observation of biological phenomena, but rather taken over from practical activities from the wider realm of philosophical, theological, and social debate to provide the framework within which the observations were given scientific meaning. Sometimes, as in the above-mentioned case, the overflow from society to science turns out to be fruitful; sometimes it can badly distort science, in the case of Lysenko, described by Joravsky 1970.

Gerontology, too, can be seen to participate in the process of societal overflow in formulating its theoretical points of departure. As Gubrium and Wallace (1990) pointed out, there are striking parallels between ordinary people's way of thinking about age and aging and the theoretical products of professional peers. One of the key elements is the idea of the overflow of presuppositions, values, and "common sense" from Western European society explains, in part, why gerontology nurtures some very persistent theoretical myths, even when the empirical reality contradicts the theories.

### The Hidden Contempt for Weakness

White Western society has since the Reformation been characterized by a very strong performance orientation. Productivity, effectiveness, and independence are prestige words. What happens to those who do not live up to the ideals of productivity, effectiveness, and independence? The Norwegian philosopher, Harald Ofstad (1972), in a thought-provoking book, *Our Contempt for Weakness*, has described what happens. Quite simply, we come to look down upon and hold in contempt those who are unproductive, ineffective, and dependent. To the extent that we ourselves do not live up to the societal standards, we will regard ourselves with contempt. It is here we also find the basis for contempt towards the unproductive, ineffective, and dependent older people in society.

However, the value patterns of Western society have several different cultural sources. One is the old Hebrew tradition, where old age and wisdom are held in high esteem. This is in conflict with the value patterns that generate contempt for the elderly. Ofstad suggests that we tend to "solve" this conflict by hiding the contempt or by changing it into something that lets itself be united with the respect for the elderly found in the Hebrew tradition.

What happens is that we transform contempt into a condescending pity. We feel so sorry for the poor, feeble, sick, and lonely old people. We feel sorry for them to the extent that we force ourselves to consider them in a way that confirms that we are right to feel sorry for them. Thus, the false misery image of the elderly is produced, and we solve the problem of our contempt for unproductive, ineffective, and dependent old people. In other words, the common myths about old people—seen from this perspective—have the function of solving the problem of our contempt for weakness in the elderly.

If among the general population there is a value-dependent tendency to adopt a misery perspective on elderly people, we should not be surprised to find the same tendency within gerontology.

### Interdisciplinary Myths

That the researcher as well has a tendency to regard the elderly from a misery perspective was demonstrated by Akerman (1981), who carried out a family research project among elderly persons in a depopulated parish in northern Sweden. He had expected to find abandoned and lonely old people, but instead found well-integrated old people having a rich social life in close contact with their children. The expectations he had corresponded poorly with the reality he met, and he was sufficiently open to note the difference. In the conclusion of the research report Akerman writes:

Our study has shown that the isolation and the fairly pitiful situation that is often conjured up in the press and on the radio and TV by means seems to affect all elderly people, even in a depopulated village. Contacts between the generations in our area of investigation have been unusually many and have been unusually intensive. On the whole, there seems to be reason to vigorously repackage the picture of pensioners as a marginalized group in society.

### The Supposed Effects of Modernization

The expectations Akerman carried with him into his research project are not only derived from a general overflow of general values and common sense, but also from a well-established theoretical background. This theoretical background focuses on the supposed conditions in Sweden's old peasant society, and the negative effects that the modernization of society is supposed to have had. But, for example, the concept of the happy, three-generation family as the dominant pattern in the old peasant society has been refuted from several quarters. Hansson (1980) refers to studies that show that in Sweden and in other European countries the percentage of households with more than two generations has rarely gone beyond 7%. In a convincing analysis, an English historian, Laslett (1976), has arrived at a similar conclusion in regard to England.

Contrary to the common assumption that the processes of industrialization and urbanization distance older people and their children from each other, the empirical studies show that today's elderly, in general, stand out as being well-integrated in society and as having good contact with their children (Shanas, 1968; Hess, 1972; Roos, 1975; Tornstam, 1978). Despite numerous empirical stud-
ies that contradict the mythical pictures, the myths have an enduring vitality. Even researchers sometimes find it difficult to abandon these myths. It may be that we researchers hang on to our favorite theories in a more ingenious way.

Being conscious of the contradictory research results, Hareven (1978) made the assumption that the good social integration and the good contact between the generations that actually exist today among the elderly result from structural conditions in society that have existed earlier. The negative effects of the processes of industrialization and urbanization do not have an immediate effect, but instead make themselves felt after a couple of generations. In this respect, Hareven builds on the theory of cultural lag, formulated by Ogburn (1922).

This is an example of the ingenious way a researcher can save his favorite theory. The message in Hareven is that the theory is correct, but that the effect that the theory presupposes has not had time to make itself apparent. The present good social integration and contact between the generations that gerontological studies document are taken to be a remnant of the good relations that existed earlier in society. It happens, however, that the conditions that existed earlier for the elderly were not good at all. In fact, historians have shown that these earlier conditions could, at least in Europe, rather be characterized by poverty, heart-rending conflicts between the generations, and poor social integration for the elderly (Gaunt, 1983).

Within the Swedish research program The Elderly in Society, we are also guilty of clinging to this favorite theory of the negative effects on the elderly of industrialism and urbanization. In the same way as Hareven (1978), I have referred to the theory of cultural lag in order to “explain away” the good social integration and good contact between generations that the earlier empirical studies have shown (Tornstam, 1983b). Actually, the purpose of one of the partial projects within the research program has been to examine the effect industrialization and urbanization have had on solidarity between generations. A hidden hypothesis has been that if one studies the conditions sufficiently, the negative effects will come to the fore. Without presenting a detailed account of the project in question, I would like to quote the theoretically troublesome conclusion that Hammarström (1986), after careful analysis, reaches:

The main tendencies in the study that has been carried out are, thus, that macro-structural changes, such as changes on the labour market and urbanization and industrialization, hardly seem to have had an effect on relations between generations within the same family. (p. 229)

✓ The Overvalued Value of Work

We in white Western society tend to value ourselves and others in terms of our productivity and effectiveness. When the overflow of this value pattern is combined with the role theory, it is not difficult to understand why gerontologists have advanced the importance of working life, or rather the negative effects of ceasing to be gainfully employed.

Many gerontologists have put forward the hypothesis about the negative effects of retirement, in regard to both psychological well-being and physical health. Even if the discussions sometimes try to take into account both positive and negative effects of retirement, the very frame of reference takes its point of departure from the negative aspects (Burgess, 1960; Miller, 1965; Maddox, 1968; Blau, 1973; Lowenthal & Robinson, 1976; Bernard, 1982). The following quotation is typical:

In addition to his source of income, a man's job means a point of personal and social anchorage with considerable significance, both for the emergence and maintenance of a satisfactory self-identity and for the experience of adequate social intercourse with his family and peers.

Thus the argument has followed — and with considerable justification — that any tampering with the work role, the great balancing factor of life, runs the risk of creating a profound alienation and disequilibrium among the affected individuals. In an environment characterized by a religious devotion to work and people by individuals dedicated to conspicuous production as an important means of self-identification and self-justification, retirement would be expected to have social as well as economic significance. (Maddox, 1966, p. 359)

What is interesting is that these theoretical descriptions of the effects of retirement persist, despite the findings of a number of empirical studies that contradict the theoretical assumptions. It may be that some contemporary writers try to save the assumptions in a more intriguing way, almost touching on the concept of "false consciousness" on behalf of people who might have positive preretirement attitudes. Townsend (1986) writes:

Those reaching retirement age do not welcome retirement as warmly as they thought they would or others suppose. Many who have retired deeply regret their inactivity or loss of status... The satisfaction often expressed by many retired people turns on closer examination to be more an assertion of hope, or what they think is expected of them, than a true representation of what they feel. (p. 25)

The trauma of retirement is, however, not any general pattern, as we like to imagine. As early as 1971, Streib and Schneider (1971) could present a longitudinal study that followed 1,969 persons into retirement. Among other things, they studied subjective satisfaction both before and after retirement and did not find any appreciable differences. Atchley (1971, 1980), Parnes and Nestel (1981), and Palmore et al. (1985) arrived at similar conclusions. Streib and Schneider (1971) bravely held that the prevailing role theory did not seem to be applicable in the later life cycle, but that despite this, researchers continued to base their hypotheses on this theory.

In regard to the assumed connection between retirement-morbidity-mortality, Robinson, Coberly, and Paul (1985), in Handbook of Aging and Social Sciences, write:

Statements maintaining the retirement-morbidity-mortality link thus prevail in spite of research and reviews that offer contradictory evidence. (p. 517)
If you believe this to be an old and obsolete statement, just take a look at the book of abstracts from the XIV International Congress of Gerontology, Acapulco 1989. In the section about work and retirement you will find, among a total of eight titles, the following: “A Special Retirement Syndrome in China,” “Patterns of Anxiety about Retirement . . . .” “The Transition to Retirement . . . .” “Retirement Expectations and Experiences,” “Ambivalent Attitudes towards Retirement,” “Psychological Adaptation to Retirement Life in Old Age,” and “Life Events and Adjustment to Retirement.” Behind these titles, which themselves signal a problem perspective, you certainly do not find anything to contradict Robinson, Coberly, and Paul’s observation. It is borne out conclusively especially in the abstract about retirement in China, where the new retirement syndrome is “characterized by acute onset of depression, anger, anxiety, self-destructive behaviour leading rapidly to demis (with pneumonia and cerebro and cardio vascular diseases)” (XIV International Congress of Gerontology; Book of Abstracts, 1989, p. 295).

Against this background, it is not surprising that we also in Sweden have continued to cherish the idea of the traumatic effects of retirement. At the laboratory for stress research between 1976 and 1978, a thousand office workers were asked questions about their health and well-being immediately prior to retirement and again about a year and a half after retirement. The analysis of the data was carried out within the framework of the Elderly in Society research program and has been presented by Rehn (1984).

In the study, questions dealt with attitudes about retirement, financial situation, leisure-time activities and social relations, and about medically treated illness and subjective medical problems. The idea behind the longitudinal study was to capture and describe the consequences of the “retirement trauma.” The results of the analysis showed, however, that these effects mainly were conspicuous by their absence. The dominant pattern revealed little or no change in conditions before and after retirement. When there were changes, they were most often for the better. Regarding attitudes towards retirement and being retired, Rehn (1984) writes:

The attitudes of the respondents to retirement were, in most cases, positive. Most of them also felt that retirement had come at the right time, and that it had been easy to get used to being retired. In the longitudinal perspective, the trend was such that even more felt that retirement was something positive, came at the right time and was easier to adjust to afterwards than in advance. (p. 5)

Thus, the study did not reveal any effects of the supposed retirement trauma. Instead, contrary to the above-quoted statement by Townsend (1986), the attitudes were more positive after retirement than before. If one wants to “save” the theory about the generally traumatic effect of retirement, one can, of course, argue that the space of time that had lapsed between retirement and the supplementary measurement had been too brief for the negative effects to make themselves apparent. If we were not for a whole series of studies that question the supposed traumatic effects of retirement, then this “explanation” might possibly be accepted. However, since empirical reality time and again yields results that conflict with the assumption, we instead ought to turn our gaze from the explanations that have to do with “errors in methods” to explanations that have to do with “errors in theories.” But few dare to do this.

The dramatic differences between theoretical predictions and empirical research findings could be demonstrated with further examples, dealing, for instance, with failed intervention attempts that were based on the assumption that pensioners lack meaningful occupation or the popular but incorrect notion of the widespread loneliness among old people. Such examples are reported in a forthcoming, final publication from the Elderly in Society project (Tornstam, 1992).

The contradictory results within gerontological research are actually beginning to become so overwhelmingly troublesome that we, in all likelihood, must come to grips with examining the basic assumptions themselves in the gerontological research paradigm.

The Scientific Paradigm of Gerontology

At first glance, it might appear that the theoretical points of departure within gerontology are considerably varied and essentially different, often diametrically opposed. Now that we have replaced the misery perspective with the new resource perspective in the Elderly in Society research program, we like to see it as a completely new and different theoretical perspective. My view is that the misery perspective and the resource perspective can be referred back to the same overflow of presuppositions and to the same basic scientific paradigm, that the resource perspective (as we apply it) may be nothing other than the old misery perspective in a new, ingenious, theoretical disguise.

I earlier pointed out (Tornstam, 1983c) that stereotyped ideas about aging and elderly people are linked with the need to categorize and systematize the reality that surrounds us. The same is true, of course, for science in general and gerontology in particular. Scientific theories can be understood as special ways of categorizing and systematizing reality to make it understandable and to create order in life. Sometimes this need for order and understanding leads to oversimplifications, which can partly explain a persisting tendency to focus on homogeneity and central tendencies in studies of aging rather than on variance and heterogeneity.

There was a time in the history of science when people thought there was a final way of categorizing reality, an order that was the final and correct one. In their book Science, Order and Creativity, Bohm and Peat (1987) describe how the idea about the true order within the “firm” sciences came to be changed from classical antiquity to our time. As far back as the fourth century BC, Aristotle wrote about an eternal
order where everything had its given place in the natural scheme of things. During the Middle Ages, these ideas had such a strong impact that they became the basic foundation for religion, philosophy, and morality; indeed, for the whole white Western social order. These ideas came to be the central, basic assumptions upon which other scientific theories and assumptions about society rested. Within the theory of science we call these central and fundamental assumptions a scientific paradigm.

The old conception of the world and the view of science were to undergo the changes that Kuhn (1962) calls scientific revolutions, even if later research within the sociology of science was to show that the changes were not as abrupt as the word implies. For the idea of the absolute and natural order of things has been replaced by a new insight that everything is relative by nature. The so-called exact or firm sciences have become relative. In this way a series of transitions have developed and renewed the construction of scientific theories. Gerontological theory, I believe in all modesty, is now in need of and on the verge of such a transition.

The Absolute Order of Things

In order to make a new orientation possible within gerontological theory, we must make visible the overflow of presuppositions from society and the borders in the paradigm that are now predominant. In the earlier presentation, we indirectly glimpsed these borders because a number of empirical investigations and experiments had run into them.

Without getting into a discussion about the development of the positivist view of science from the 18th-century philosopher David Hume to the 20th-century philosopher Karl Popper, I would like to argue that contemporary gerontology, to a great extent, bears the mark of positivism. I use the term positivism here in a generic sense, as the term has often been used in the modern criticism of, among other things, social research. More precisely, I mean that the following characteristics constitute the borders for the prevailing research paradigm for gerontology:

1. We essentially regard the elderly as research objects. We researchers define concepts and formulate theories, and it is the behavior of the elderly that, above all, interests us. By behavior, I am referring not only to activities of different kinds but also to emotional reactions like life satisfaction.

2. The way in which we choose to define concepts and formulate theories is not in accordance with some natural order, but is only one of many possible ways. The way we choose to define concepts and formulate theories is affected by an overflow of presuppositions from society to gerontology. This overflow is sometimes strong enough to make us cling to our theories even when our data contradict the theories.

3. In particular, there is an overflow of mid-life values found in society at large, particularly among white Western middle-class males (from whose ranks the majority of researchers have come), which means that our choice of conceptual delineations and theories carries the (sometimes hidden) stamp of values that emphasize productivity, effectiveness, and independence. We assume that old age implies the continuity of mid-life values. Yet, these values may become less important to us as we age.

4. The chosen points of departure lead to certain theories being predominant within gerontology rather than others. Examples of such theories are the interactionist efforts that are reflected in role theory and activity theory and in the so-called social breakdown syndrome that is especially popular within gerontology.

5. We force upon the elderly our own value-dependent theories, which at the same time means that deviations from the theoretical predictions are looked upon as being abnormal, pathological, or whatever term we decide to use. It could of course be argued that all theories are value dependent, with the theories of gerontology being no exception. But, in the case of gerontology (as in other fields) the values imposed by the theories are not necessarily values held by the research objects themselves.

6. The experiments we undertake are unwittingly manipulative in the sense that their purpose is to bring about that which we — with our (often hidden) value-dependent, theoretical points of departure — define as normal or healthy behavior.

We can illustrate the above points with almost any gerontological research project. For example, in the longitudinal research project described earlier (Rehn, 1984), where a survey was made of people immediately before retirement and a year and a half after, the researchers in effect carried out a quasi-experiment, where the retirement constituted the experimental “manipulation.” They wanted to see how the “subjects” reacted to this manipulation. These subjects could just as well have been rats or rabbits since in no way could they influence the theoretical construction of the experiment or its practical application. The researchers alone defined the concepts and variables that were regarded as important to study in relation to the retirement. Many of these had to do with the presence of medically treated illnesses and subjective symptoms of illnesses. The researchers tended to adopt a perspective where retirement is not only seen as a stress factor (which, of course, is a natural thing to do in a laboratory for stress research), but is also medicalized and its effects are made into an illness.

The values that lie behind this way of looking at retirement and its effects stem from the aforementioned cultural emphasis on productivity, effectiveness, and independence. “The value of work” lies behind the whole investigation. It is the negative effects of losing this good thing that one is looking for. It is probable that work has a special value for the younger and middle-aged researchers involved in a project like this; but this does not necessarily mean that other people in other age groups attach the same value to work.

The emphasis on productivity, effectiveness and independence makes itself felt in another way in investigations of this kind. Old people are expected to be active — mentally, physically and socially. They are expected to exercise, to be responsible for their health. To the extent that we researchers think that
Old people are not sufficiently active or responsible for their health, we start intervention programs in order to make our guinea pigs behave the way we want them to. Juul-Jensen (1964) writes about gerontological researchers in this respect:

We not only interest ourselves in what we shall do as young people in order to retain our vitality and health in old age. We speak, in one way, on behalf of the elderly. We profess to know what it is that can secure a meaningful life for the elderly, marked by the striving of the individual to realize himself to the end.... We see in front of us the image of the vigorous citizen, who — with a smile on his lips — realizes his life, while he runs into death. One cannot avoid the following criticism: researchers make the catastrophic mistake of depicting a value, an ideal for a younger group in modern industrial society, as though it could be the fundamental value for old people in general. (p. 113)

We place our own theoretical cap over the heads of old people without thinking that our own points of departure for assessment are relative. "Passive" pensioners who do not share a "normal" interest in career work, leisure-time activities, and keep-fit measures are regarded as problematic and in need of activation. And, in order to achieve this activation we start experiments that will make the elderly behave the way we and our theories would like them to do.

Behind the elegant resource perspective, a misery perspective is hidden in a new guise, where responsibility for the misery of aging becomes the responsibility of the individual. If one is not active and does not keep fit, then one has only oneself to blame. If one reaches old age in illness and isolation, then one has "not taken care of" oneself during one's life and is deserving of contempt. There is a risk that the healthy and successful old people will be admired at the same time that we look down on those who have not made the most of their talents. A new ideal of productivity and effectiveness is emerging, namely, to properly manage one's life, and to actively participate in preventative activities of various kinds.

Of course it is an advance to have changed the perspective from one where passive elderly people are cared for to a perspective where the initiatives and resources of the elderly themselves are utilized. However, a new problem is hidden here. When we emphasize the importance of the initiatives and the resources of the elderly themselves, we may also shift too much of the responsibility for the conditions of aging over to old people themselves. It becomes a private matter for the traveller whether the final station is comfortable or miserable. At the start of the Elderly in Society research program, we formulated the overall goal thus:

The research problem for the interdisciplinary project — from an overall perspective — has been set in such a way that it is a matter of finding solutions to how long it is possible to postpone the transition for aging people from an independent, active group to a dependent group. For the individual, such a lengthened period of activity would mean a richer and more substantial life; for collective groups and families living together, a new resource in regard to time and experience and for society a possibility of keeping health costs down. Fundamentally, in such a case, the purpose of medical and social intervention will be to stimulate continued activity and to prevent pathological changes. (Tornstam, Öden, & Svanborg, 1962, p. 9)

This clearly shows not only that the fundamental points of departure for our entire research program are based on values that emphasize independence and activity, but that there is also an economic interest. The initiatives and resources of the elderly will be utilized to save society money for their care — at a time when the cost for the care of the elderly is on the political agenda. This is, at the same time, a good example of another general phenomenon in science. As described by Mazur (1973) and Nelkin (1975), scientists often align their science with the political debate, which is another aspect of the overflow from society to science.

*Research finding*

**Bursting the Borders**

One way of bursting the borders of the predominant gerontological paradigm might be quite simply to reverse the gerontological research paradigm, in order to see which concepts and theories would then come to the fore. Such a "reversed" paradigm should not be viewed as the new true one, but it may help us to a fresh perspective that transcends the borders of the traditional paradigm. In the "reversed" gerontological paradigm, it would not be we researchers who define concepts and theories in the first place, but the elderly themselves. Old people would cease to be research objects and instead become co-creating subjects. As suggested by imaginative gerontologists (e.g., Neugarten, 1977; Coleman, 1990) but followed by few, the phenomenological approach comes to the fore. The contemporary phenomenological approach posits that there is no sole truth or any absolute natural order of things. Here, one strives to see new images emerge from reality. Above all, one tries to free oneself from the limiting conceptual world of the researcher, attaching greater importance to the conceptual world defined by others, such as the "research objects" themselves (Spinelli, 1989). As put by Coleman (1990), the researcher, rather than in the positivist tradition looking for causal or mechanistic explanations of observed behavior, ought to be encouraged to seek a fuller description and understanding of behavior and consciousness by elaborating the meaning that it has for the individual.

Another way to push the borders of the paradigm is to consciously try to replace the overflow presuppositions with alternative ones, and let these alternative presuppositions direct the conceptual and theoretical development. In practice we would play with the thought that ineffectiveness, unproductiveness, and interdependency are guiding values: This could result in focusing on concepts such as rest, relaxation, comfortable laziness, and play, on creativity and wisdom.

If the strong emphasis on the points of departure for the role and activity theories is toned down, then theories with their points of departure in philosophy
and anthropology may throw new light on gerontological research.

With the reverse of what is normal or pathological, there will be new tasks of understanding, for example, why some old people hang on to a mid-life ideal of productive work and self-punishing exercise programs, and why we, in these programs, place sole responsibility on the individual, creating a sense of failure in those reluctant or unable to meet our expectations.

Of course, it is not easy to free oneself from the paradigm that one is used to, and to change the metatheoretical conditions for scientific work. Just to discern the borders of the paradigm one is working within can be difficult — as it is difficult for a fish to be conscious of the water in which it swims. Therefore, I cannot claim to be able to offer the new quantum theory of gerontology. What I can suggest is that it is by fundamental conceptual and theoretical changes that the old ingrained paradigm must be transcended.

Space in this article does not permit longer examples of how this can take place. Instead, I would like to refer to an earlier article (Tornstam, 1989) in which I give an account of the new theory of \textit{gerotranscendence}. The theory offers a new metatheoretical understanding of the disengagement pattern. The old disengagement theory is described almost exclusively in negative terms and is “explained away” by other concepts or counter-theories. The theory of gerotranscendence assumes that we often misinterpret the effects of an increased transcendence in the personality as a negative disengagement. Also, in Western society there are no positive social roles compatible with the gerotranscendent condition, which further strengthens the impression of the “introverted” aged person who prefers quiet moments to occupational therapy, coffee, and accordions as the object of a negative disengagement and in need of activating, rather than as involved in a positive development towards new perspectives and wisdom.

It might quite possibly be that we — starting from the predominating ontological assumptions within gerontology — carry our research work and care that in certain cases are \textit{incompatible} with the metatheoretical paradigm that defines reality for individuals who have come far in their individuation process — who have approached a condition of gerotranscendence. Perhaps we force upon elderly people a positivist paradigm that they themselves no longer live in.

The Function of the Myths within the Discipline

What is it that keeps us in the predominant gerontological paradigm with such strength that time and again we adhere to our theories even when they are undermined by empirical findings? Uncovering the ties, from micro- to macrolevels, that restrain us in this way is the first step to freeing ourselves from them.

Our Human Lack of Perfection

Part of the explanation for our clinging to old, well-known concepts and theories has to do quite simply with the fact that we, as gerontologists, are just ordinary people, with common limitations and shortcomings. Anthropologists know that people in general find it very difficult to see the distinguishing characteristics of the culture they are living in. One sees one’s culture as being something that is self-evident. In this perspective, the myths we have within our discipline are nothing else but the distinguishing characteristics of our culture, which give us a secure feeling of order in our everyday lives.

Another well-documented human shortcoming is the fear of change. It often feels more secure to be able to trust something familiar instead of embarking upon the new and untested. There is certainly a strong resistance to arguing against what one understands to be established conditions. One technique for opening these locks can be to construct a more anthropological view of gerontology, or to involve anthropologists who are given the task of freely analyzing the culture within our discipline as though it were a newly discovered foreign culture in the depths of the rain forests of South America. It is a positive sign that the Gerontological Society of America has opened an informal section of humanists, with a more critical and humane research approach.

\textbf{Distinguishing Characteristics of the Science Society}

The science society, like other types of societies, encompasses quite a few control and ejection mechanisms. Storer (1966) talks about an internal police system in science. It is necessary to keep within the established frameworks if one wants to avoid reprisals. Anarchistic elements are not really taken seriously since they go beyond the established borders of the research society. But perhaps we ought to give these kinds of anarchistic elements support instead of expelling them. This is very difficult to do, however, since the myths found within the discipline have the function of consolidating and closely knitting together the science society, as we know it.

\textbf{The Cementation of the Status Quo}

When I have argued that the chosen theoretical points of departure actually constitute reflections or overflows of the ideals that are strongly emphasized in parts of our Western society, I am hinting at another function of the mythical pictures within the discipline. Quite simply it is a question of confirming and strengthening these ideals, cementing and asserting the “correctness” of certain norms and modi operandi of our society today. By carrying out “scientific studies,” we produce support for our culture’s strong work orientation and our glorification of productivity, effectiveness, and independence. Also, as Olson (1982) has argued, most gerontological theories imply an individual adaptation to the existing social arrangements of old age. As put by Gubrium and Wallace (1990), the theories analytically reproduce and empirically confirm ordinary, old-style liberal or conservative sentiments, not radical or exis-
tential ones. The flow goes back from science to society in a presupposition-confirming way, and gerontological theory is at risk of being petrified.

"Scientific" Arguments for Desired Sociopolitical Measures

Many gerontological researchers have embarked upon this research area for humanitarian reasons; I am no exception. We have — often quite rightly — felt that old people have been treated badly, and by research contributions of different kinds, we have illustrated ways in which old people have a difficult time, to give politicians and other decision makers a basis for making sociopolitical changes. With such a fundamental point of departure for our scientific work, it is not difficult to understand why our descriptions of aging and the conditions of the elderly easily led to a "misery perspective." Making visible various miseries is usually the best argument for new sociopolitical measures, and the myths within the discipline serve the purpose of making "scientific" arguments for the desired changes.

Now, of course, I do not want to argue that it is reprehensible to try to make visible the problems that are levied on the elderly. This should continue to be one of the tasks of gerontological research. However, the problem arises when we go over to being the elderly’s advocate to such an extent that we start to manipulate our science. In certain cases such manipulation can take place consciously by holding back research results that do not fit, or by presenting them in a way that serves the desired goal. In other cases we unconsciously choose concepts or theories that agree with the purpose of making problems visible and bringing about change. This desire has certainly been stimulated for a number of years by a research policy that has emphasized that research should be "relevant to society" and readily converted into practical measures as fast as possible. This “useful” approach has been emphasized in preference to basic research. This selection process may take place at the expense of other perspectives, which from the point of view of basic research could be more interesting and, in the long run, more valuable.

The individual gerontologist must ask himself or herself to what extent the humanitarian “change” motive is present as a driving force in the research, and in what way does it guide or perhaps limit the choice of conceptual limitations and theoretical points of departure. Overall, we gerontologists must try to think a little more freely and boldly in order to widen the theoretical perspective of our discipline. We must dare to question the holy cows that our “traditional” theories constitute.

References


