

II Social Interactions

Ageing and Old Age

Socio-Gerontological Concepts and Approaches

Abstract

In pre-industrial societies, the social position of the elderly was often related to their control over (communal) land and their family situation (single, married, widowed). In modern societies, social and health differences among older men and women are strongly influenced by their level of education. Modern socio-gerontological concepts and theories (disengagement theories, life cycles approaches or concepts of active ageing) refer to societies with high life expectancies and socially structured retirement from work for a large part of the population. In affluent milieus of prosperous societies, old age is increasingly viewed as a process that can be actively counteracted (for example by means of active participation in sport, life-long learning or anti-ageing interventions). Ageing processes are rapidly changing in historically new ways. Nonetheless, there is one main socio-gerontological observation that is pertinent for analysing old age in pre-industrial societies: chronological age is generally a poor indicator for ageing processes as people age differently, depending on their gender, economic status, biographical experiences and health behaviour. The situation of elderly men and women is also influenced by cohort effects, in the sense that people born earlier or later experience different societal conditions, particularly in rapidly changing societies or during wars, economic crises or epidemics.

1 Old Age as a Social Topic and the Societal Consequences of Longevity

In most societies, old age is characterized by ambivalent images. On the one hand, the elderly are seen as experienced or even wiser persons. On the other hand, old age is associated with functional deficits and nearness to death.¹ To define the onset of old age, two kinds of measurements have traditionally been used: On the one hand, old

1 Gerd Göckenjan, *Das Alter würdigen. Altersbilder und Bedeutungswandel des Alters*, Frankfurt a. M. 2000 (Suhrkamp Wissenschaft 1446).

age is characterised by negative physical symptoms (e. g. loss of strength and declining cognitive capacities). Representations of old age often use the symbol of a walking stick (as illustrated in the Riddle of the Sphinx solved by Oedipus). In other cases, hearing aids, grey hair or dementia are used to describe old age, and in the late 19th century the onset of old age for women was defined by the menopause.² Historically more recent – with the development of a welfare state – is a social definition of old age: old age starts with retirement from work and the right to claim an old age pension. On the other hand – particularly in more bureaucratically organized states – chronological age was and is used to define the onset of old age. In some societies (Sparta and the Roman Empire) old age was defined to start at the age of 60.³ In most modern societies, the age of 65 is used as defining point to represent ageing, for example in measuring demographic ageing (proportion of persons aged 65 and older in relation to the whole population or in relation to the working age population).

Philosophically and culturally, old age has always been an important topic in the history of humanity. Socially, old age (including discussions on old age poverty) only became a relevant and important topic after the decline in fertility and higher life expectancy resulted in an increasing demographic weight of the elderly population. In pre-industrial societies, the proportion of elderly persons (aged 60+) was often relatively low. The number of the elderly was higher during peaceful periods in organised states, and was very low during pandemics and wars. In some rural regions, a relatively high proportion of older men and women relative to the overall population could be found, largely due to the migration of younger adults from the countryside to the cities. However, pre-industrial societies were characterized by strong regional variations of marriage rates, household sizes and demographic structures, resulting in variations of the family situation of older men and women.⁴

In the region of Switzerland, the estimated proportion of men and women aged 60+ relative to the total population remained lower than 10 % until the 17th century (see table 1). Only in the late 18th century we observe – in some selected towns – 10 % or more of the population being older than 59. A significant increase in the proportion of

2 Stefan Schmorrtte, *Alter und Medizin. Die Anfänge der Geriatrie in Deutschland*, in: *Archiv für Sozialgeschichte* 30 (1990), pp. 15–41.

3 Shulamith Shahar, *Mittelalter und Renaissance*, in: Pat Thane (Ed.), *Das Alter – eine Kulturgeschichte*, Darmstadt 2005, pp. 71–112.

4 Christian A. Neumann, *Perspektiven einer Gerontomediävistik*, in: *Quellen und Forschungen aus italienischen Archiven und Bibliotheken* 98 (2018), pp. 387–405; Shulamith Shahar, *Growing Old in the Middle Ages. “Winter Clothes Us in Shadow and Pain”*, London-New York 2004.

the elderly population occurred primarily in the second half of 20th century as result of decreasing fertility rates and increasing life expectancies.

Tab. 1: Elderly People (60+) in Proportion to the Total Population – Some Selected Regions

Region	Period	Estimated Population in %	Source
North Italy (Roman Empire)	1–250	5–7 %	Russel, How Many (see below), p. 123.
West- and North Europe	750–1348	3 %	Ibid., p. 123.
	1348–1500 (plague)	2 %	Ibid., p. 123.
Valais (Switzerland)	1340–1400	1 %	Dubuis, Testaments (see below), p. 236.
	1400–1500	3 %	Ibid., p. 236.
Geneva (town)	1561–1600	5 %	Bickel, Bevölkerungsgeschichte (see below), p. 292.
Zurich (town)	1637	6 %	Daszynska, Zürichs Bevölkerung (see below).
Bern (town)	1764	10 %	Sommer, Beiträge (see below).
Geneva (town)	1798–1816	11 %	Perrenoud, La population, (see below); id., L'inégalité (see below).
Lucerne (town)	1812	10 %	Burri, Die Bevölkerung (see below).
Switzerland	1860	8.5 %	Official statistics
	1900	9.2 %	
	1941	12.9 %	
	2000	20.2 %	
	2018	24.4 %	

Sources: Wilhelm Bickel, Bevölkerungsgeschichte und Bevölkerungspolitik der Schweiz seit dem Ausgang des Mittelalters, Zürich 1947; Hans-Rudolf Burri, Die Bevölkerung Luzerns im 18. und frühen 19. Jahrhundert. Demographie und Schichtung einer Schweizer Stadt im Ancien Régime, Luzern 1975; Sophie Daszynska, Zürichs Bevölkerung im XVII. Jahrhundert, in: Zeitschrift für Schweizerische Statistik 25 (1889), pp. 369–415; Pierre Dubuis, Testaments et reprise démographique à la fin du Moyen Age dans un pays de montagne. Le Valais (Suisse), XIV^e–XVI^e siècles, in: Annales de démographie historique (1991), pp. 221–238; Alfred Perrenoud, La population de Genève du seizième au début du dix-neuvième siècle. Étude démographique, Thèse, Genève 1979; id., L'inégalité sociale devant la mort à Genève au XVII siècle, in: Population 20 (1975), pp. 221–243; Josiah C. Russell, How Many of the Population Were Aged? in: Michael M. Sheehan (Ed.), Aging and the Aged in Medieval Europe, Toronto 1990, pp. 119–127; Walter Sommer, Beiträge zur Bevölkerungsterblichkeit. Historisch vergleichende Studie auf Grund der Volkszählungsergebnisse der Stadt Bern 1764, Bern 1945.

To become very old in pre-industrial societies was possible, but rare. Generally, the higher life expectancies in modern societies are primarily the result of less people dying

prematurely than the result of a longer life span.⁵ However, the question regarding to what extent the maximal human life span has changed during the last centuries is controversially discussed.⁶ Similar controversies concern illnesses associated with old age (such as dementia, osteoporosis and arthritis). It is not clear how far these illnesses of old age have fundamentally changed over time and to what extent medical interventions have changed the symptoms and consequences of age-related illnesses. Recent analysis, for example, indicates decreasing age-specific rates of dementia in modern societies.⁷

In any case, fundamental changes in socio-demographic structures have to be considered when analysing the social situation of the elderly and the ageing processes during different historical periods. A long and secure life expectancy for large parts of the population is historically a relatively new phenomenon, starting in more affluent European regions in the late 19th century, but mainly established during the 20th century. Arthur Imhof – a German social historian – interpreted and discussed the change from ‘insecure’ to ‘secure’ life expectancy as being a major societal and cultural change.⁸ As early deaths (during childhood or young adulthood) became rare, most people died after a long, and, in many cases, a healthy long life. This development has many societal consequences. For example, to name just a few, wealth transfer by inheritance is postponed (in Switzerland, the mean age of people inheriting wealth is around 60). There has been an increase in the proportion of men and women who are simultaneously confronted with responsibilities for their teenage children and their ageing parents; the so called “generation caught in

5 Reinhard Spree, *Der Rückzug des Todes. Der epidemiologische Übergang in Deutschland während des 19. und 20. Jahrhunderts*, Konstanz 1992 (Konstanzer Universitätsreden).

6 Stuart J. Olshansky / Bruce A. Carnes et al., *In Search of Methuselah. Estimating the Upper Limits to Human Longevity*, in: *Science* 250 (1990), pp. 634–640, at p. 640; Anatoli I. Yashin / Ivan A. Iachine, *How Frailty Models Can be Used for Evaluating Longevity Limits. Taking Advantage of an Interdisciplinary Approach*, in: *Demography* 34,1 (1997), pp. 31–48.

7 Sujuan Gao / Heather Burney et al., *Incidence of Dementia and Alzheimer Disease over Time. A Meta-Analysis*, in: *Journal of the American Geriatrics Society* 67,7 (2019), pp. 1361–1369; Ingmar Skoog et al., *Decreasing Prevalence of Dementia in 85-year Olds Examined 22 Years Apart. The Influence of Education and Stroke*, in: *Scientific Reports* 7,6136 (2017) (DOI: 10.1038/s41598-017-05022-8).

8 Arthur E. Imhof, *Die gewonnenen Jahre. Von der Zunahme unserer Lebensspanne seit dreihundert Jahren oder von einer neuen Einstellung zu Leben und Sterben*, München 1981; id., *Von der unsicheren zur sicheren Lebenszeit. Ein folgenschwerer Wandel im Verlaufe der Neuzeit*, in: *Vierteljahresschrift für Sozial- und Wirtschaftsgeschichte* 71,2 (1984), pp. 175–198.

the middle”.⁹ The age of widowhood has significantly increased (in spite of the higher divorce rates, the proportion of long-term marriages has also increased). While at the start of the 20th century, about half of the grandparents of a new-born child were no longer living, today most children experience active grandparents even at the age of 20. In modern societies, the number of grandparents that have to take responsibility for grandchildren as a result of the parents’ divorce is much higher than as result of their death.¹⁰

According to the German sociologist Martin Kohli, the change to a relatively secure life expectancy (in the sense of a very high probability to reach a high age) has two major societal consequences: firstly, it allowed the institutionalisation of structured life cycles for large parts of the population, and the emergence of new life stages like youthful adulthood.¹¹ Longevity supported normative concepts of career planning and socially regulated old-age pensions for most men and women. Secondly, it allowed for the orientation of social regulations according to chronological age definitions (for example the age at which people can stop working and enjoy work-free old age pensions).¹² In a similar sense, ideas about midlife (and midlife crisis) only make sense in societies with high probabilities of an extended life span.

At the same time, a long and secure life expectancy also reinforced processes of individualisation: when people live longer, it makes sense to invest more in individuals, for example by expanding primary and secondary education and by introducing norms of life-long learning.¹³ In a certain sense, long processes of socialisation and education, chronologically structured life-cycles, career and finance planning and new activities after retirement are based on a secure life expectancy. An interesting aspect of modern life expectancy is that ‘longevity risk’ (i. e. to live longer than is financially expected) is an emerging topic, particularly with regard to capital-based pension systems.

9 Allan Puur / Luule Sakkeus / Asta Põldma / Anne Herm, Intergenerational Family Constellations in Contemporary Europe. Evidence from the Generations and Gender Survey, in: Demographic Research 25 (2011), pp. 135–172.

10 François Höpflinger, Großelternschaft im Wandel – neue Beziehungsmuster in der modernen Gesellschaft, Bonn 2016 (Konrad Adenauer Stiftung, Analysen & Argumente 209).

11 Martin Kohli, Die Institutionalisierung des Lebenslaufs, Historische Befunde und theoretische Argumente, in: Kölner Zeitschrift für Soziologie und Sozialpsychologie 37 (1985), pp. 1–29.

12 Martin Kohli in this context uses the difficult to translate terms of *Verzeitlichung* and *Chronologisierung* of life, which in fact are two terms that relate to a high degree of planning of individual life cycles (ibid.).

13 Helga Pelizäus-Hoffmeister, Das lange Leben in der Moderne. Wechselbeziehungen zwischen Lebensalter und Modernisierung, Wiesbaden 2011 (*Alter(n) und Gesellschaft* 21).

In the following chapter, three important socio-gerontological elements are analysed. The first part discusses the multidimensional character of (chronological) age from a sociological perspective; demonstrating that chronological age is a poor indicator of ageing processes in many instances. The second part presents a short overview of socio-gerontological theories and modern approaches to old age (active ageing, and differentiation between the third and fourth age). It is clear that these theories primarily refer to modern societies with high life expectancies and socially organized retirement systems for large segments of the population.¹⁴ In the third part, the dimensions of social inequalities in ageing processes are discussed and illustrated. In nearly all societies, the living conditions and social status of older men and women vary markedly according to their financial situation.

2 Age. A Multidimensional Concept – and How to Avoid Age-Related Fallacies

In many scientific studies and in most political or demographic discussions of old age, a purely chronological age measurement is used. Demographic ageing is measured by comparing the number of people aged 60 or 65 years and older relative to the total number of persons within a given region. Chronological age (i. e. the number of years lived) is easily asked or – at least in bureaucratically organised societies – easily calculated (for example by looking at birth certificates). However, chronological age includes different dimensions, and simplistic interpretations of differences between age groups result in social or demographic fallacies. Age as the number of years lived reflects four different dimensions that are theoretically clearly defined but empirically difficult to disentangle.¹⁵

14 In pre-industrial societies, financially secure retirement or pensions were limited to specific groups (clerics, officers); cf. Liliane Mottu-Weber, *Être vieux à Genève sous l'Ancien Régime*, in: Geneviève Heller (Ed.) *Le poids des ans. Une histoire de la vieillesse en Suisse romande*, Genève 1994 (*Mémoires et documents publiés par la Société d'histoire de la Suisse romande. 4 e série 3*), pp. 47–65; Kirsi Salonen, *What Happened to Aged Priests in the Late Middle Ages?*, in: Christian Krötzel / Katariina Mustakallio (Eds.) *On Old Age. Approaching Death in Antiquity and the Middle Ages*, Turnhout 2011 (*The History of Daily Life 2*), pp. 183–196.

15 François Höpflinger, *Altern und Generationen bei hoher Lebenserwartung*, in: Yasemin Niephaus / Michaela Kreyenfeld / Reinhold Sackmann (Eds.), *Handbuch Bevölkerungssoziologie*, Wiesbaden 2016 (*Springer Nachschlagewissen*), pp. 595–616.

First of all, people of the same age belong to the same birth cohort (or social generation). Differences between age groups can reflect not only effects due to chronological age but so called “cohort effects”. In some studies, older men and women were found to be more conservative than younger people. This was interpreted as empirical proof that conservative attitudes become more pronounced with age. However, detailed analysis indicates that age-differences in political values are primarily due to generational differences (older people that were born in historical periods with more traditional values).¹⁶ Observed differences in values and behaviours between younger and older people can relate to the elementary fact that people born and educated in different historical periods have been confronted with different societal situations. Salient historical events – such as epidemics, wars or economic crises – have long-term effects on values and behaviour of different birth cohorts. The same is true for rapid technological and social changes. Older men and women are less used to digital communication than younger generations, resulting in a digital divide between the young and old that primarily represents intergenerational differences and only partially the fact that people disengage from the Internet with increasing age.¹⁷ Younger birth cohorts of elderly experience different ageing processes than earlier birth cohorts in many dimensions. As result of better education, new forms of family formation (and dissolution) and changing socio-economic conditions during the last decades, new generations of elderly men and women have a more active attitude regarding life after retirement than do their parents or grandparents. At least in some European countries, improved social security has reduced poverty rates among the elderly population and retired people of today often remain healthy for longer than earlier generations did.¹⁸ Ideally, the best research strategy on ageing processes is to compare the ageing of different birth cohorts to differentiate between age and cohort effects.¹⁹

Secondly, age corresponds to the length of life lived (in years, months and days). A longer life span is clearly associated not only with biological processes (biological ageing)

16 Johnathan C. Peterson / Kevin B. Smith / John R. Hibbing, Do People Really Become More Conservative as They Age?, in: *The Journal of Politics* 82,2 (2020), pp. 600–611.

17 François Höpflinger / Valérie Hugentobler / Dario Spini (Eds.) *Wohnen in den späten Lebensjahren. Grundlagen und regionale Unterschiede*, Zürich 2019 (Age-Stiftung. Age-Report 4).

18 Rainer Unger, *Lebenserwartung in Gesundheit. Konzepte und Befunde*, in: Niephaus / Kreyenfeld / Sackmann (Eds.), *Handbuch Bevölkerungssoziologie* (see note 15), pp. 565–594.

19 Yang Yang / Sam Schulhofer-Wohl / Wenjiang J. Fu / Kenneth C. Land, The Intrinsic Estimator for Age-Period-Cohort Analysis. What It Is and How to Use It?, in: *American Journal of Sociology* 113 (2008), pp. 1697–1736.

but also with social and psychological life experiences that result in social differences between younger and older people. Some social processes – like the accumulation of wealth or developing a professional career – take time. The same is true for political experience (and the accumulation of power), that in some societies contributes to gerontocracy, as seen in the Venetian Republic.²⁰ Additionally, some biographical options are limited in time. The possibility of giving birth to a child ends for women after menopause. Later stages in life can be characterized by a diminishing number of options to gather wealth or to change one's lifestyle. Past decisions become more salient than future ones. Philosophically, the inverse relationship between more life experience and less future experience has been a major point of reference in discussing old age.²¹ As people experience different life events, biographical duration results in increasing social, economic and psychological heterogeneity between men and women born in the same year. This is reinforced by the fact that biological ageing also varies between people in significant ways.

Thirdly, chronological age is related to specific life phases; for example, growing up, and having small and later adult children. In the first years of life, humans are dependent on parental care. In later life, humans are confronted with ageing parents in need of their help and care. Even in modern societies with individualised life phases, some social transitions are experienced earlier or later in life. Schooling and the first career choice or family formation happen during the younger years, while caring for elderly parents or the experience of widowhood are – at least in modern societies – often experienced in later life. Similar age-related associations are seen regarding family constellations: from being parents of small children to parents of adult children, and eventually becoming grandparents. Being a grandmother or grandfather is an important 'old age-family role' in all cultures and societies, even when the chronological age at which men or women are confronted with the birth of grandchildren may vary.²² Differences between younger and older people are often related to differences in intergenerational roles within families, at

20 Robert Finlay, *The Venetian Republic as a Gerontocracy. Age and Politics in the Renaissance*, in: *Journal of Medieval and Renaissance Studies* 8 (1978), pp. 157–178.

21 This observation resulted in a purely biographical definition of old age: People are old, when no important life options remain or each life decision is strongly determined by past decisions (Herwig Birg/E.-Jürgen Flöthmann/Iris Reiter, *Biographische Theorie der demographischen Reproduktion*, Frankfurt 1991).

22 For a social history of grandparenthood in Europe, cf. Erhard Chvojka, *Geschichte der Großelternrollen vom 16. bis zum 20. Jahrhundert*, Wien 2003; Vincent Gourdon, *Histoire des grands-parents*, Paris 2012 (*Tempus* 450).

work or in a neighbourhood.²³ However, in some cases chronological age and life phase can be reversed, for example when older men (or even grandfathers) become the father of a newborn child or when an aunt is younger than a nephew.

Fourthly, a comparison of people of different ages can be significantly influenced by social differences in life expectancies. In many societies, life expectancies are positively related to social status (or to put it more directly, the rich live longer than do the poor). This is true for modern societies but has also been observed in pre-industrial societies. In Geneva in the 17th century, the probability of celebrating one's 60th birthday was much higher for financially secure members of the upper classes than it was for poor workers.²⁴ A particular social selectivity of survival in modern societies relates to gender-differences with respect to life expectancies. In modern societies, women on average live longer than men, a difference that seems to be historically related to the emergence of industrial forms of production during the 19th century. With increasing age, the proportion of women in a given population increases; a process known as the 'feminisation of old age'.²⁵ Gender-related differences in life expectancies combined with gender-specific differences of age at marriage (women marry earlier than men do and often marry men some years older than themselves) result in the fact that more women than men are confronted with the death of a spouse later in life.

The simple and easily measured variable 'age' is a multidimensional variable. A naive interpretation of the differences between younger and older people or of age-related changes without considering the possible effects of cohort changes, differential survival or differences in life transitions and family roles can result in the wrong conclusions being drawn (so called "age-fallacies"). For example, if we find that older people are socially more conservative than young people, it is clearly a fallacy to interpret this as empirical proof that people become more set in their ways in old age. The conservatism of older people can be related to cohort effects (born during periods with more conservative values), survival effects (only conservative people remain in a region characterized by significant emigration) or wealth effects (older men and women who live longer are more often conservative landowners than are young people starting out on an innovative

23 Reinhold Sackmann, *Lebenslaufanalyse und Biografieforschung. Eine Einführung*, Wiesbaden 2007.

24 Alfred Perrenoud, *L'inégalité sociale devant la mort à Genève au XVII^e siècle*, in: *Population* 30 (1975), pp. 221–243.

25 Gertrud M. Backes, *Geschlechter – Lebenslagen – Altern*, in: Ursula Pasero/ead./Klaus R. Schroeter (Eds.), *Altern in Gesellschaft. Ageing – Diversity – Inclusion*, Wiesbaden 2007, pp. 151–184.

career path). Estimations of the future number of elderly people with dementia can be misleading when lower incidence rates of dementia among younger birth cohorts are not taken into consideration.²⁶

The limitations of chronological age in explaining ageing processes have resulted in a more critical view of traditional measures of demographic ageing (i. e. the elderly population simply being defined as persons aged 65 and above) in recent years. Dynamic measurements of demographic ageing take changing life expectancies into consideration. This indicates that most discussions about an increasing demographic of ageing of modern societies present a distorted and exaggerated view of demographic processes (particularly because they do not take into account that people in many countries do not only live longer but also benefit from much longer life expectancies during which they remain healthy and active).²⁷

3 Socio-Gerontological Approaches. From Disengagement Theories to Theories of Active Ageing

The development of socio-gerontological approaches to individual ageing is the result of two major changes in the life situation of the elderly population in modern societies. On the one hand, it is important to mention the establishment of retirement policies that secure the economic survival of elderly men and women who are no longer working. Particularly after 1918, European countries introduced old age financial security systems²⁸ and after World War II social policies for the elderly were further expanded. The result is a financially secure retirement for a large part of the elderly population. On the other hand, life expectancies – and particularly healthy life years – after retirement have increased, resulting in a new life phase after giving up work.²⁹

The first prominent sociological theory of life after retirement focused on the concept of disengagement: growing old implies not only a disengagement from work but

26 Skoog et al., *Decreasing Prevalence of Dementia* (see note 7).

27 Hippolyte D'Albis / Fabrice Collard, *Age Groups and the Measure of Population Ageing*, in: *Demographic Research* 29 (2013), pp. 617–640; Warren C. Sanderson / Sergei Scherbov, *Remeasuring Aging*, in: *Science* 329 (2010), pp. 1287–1288; eid., *Prospective Longevity. A New Vision of Aging*, Cambridge MA 2020.

28 Josef Ehmer, *Sozialgeschichte des Alters*, Frankfurt 1990 (Edition Suhrkamp 1541).

29 Franz Kolland / Ruth A. Meyer-Schweizer, *Altern und Wertewandel*, in: *Zeitschrift für Gerontologie und Geriatrie* 45 (2012), pp. 587–592.

also from different social networks. The main aim of the disengagement theory was to promote a positive adaptation to retirement (and not to regret the loss of active work).³⁰ The disengagement theory implicitly relates to historical philosophical ideas that emphasise disengagement from an active life as being an important development in old age (that is also characterised by an increasing nearness to death). Empirically, the disengagement theory was never clearly supported. For many activities – such as leisure activities or voluntary work – continuity after retirement was more often observed, leading to the formulation of the continuity theory.³¹ According to this theoretical approach, the continued participation in significant cultural or social activities after retirement is a sensible strategy to avoid feelings of futility and social isolation in old age. The theoretical approaches with the strongest impact during the last decades have, however, been concepts of ‘active ageing’ or – as introduced by John Rowe and Robert Kahn – concepts of ‘successful ageing’³²: contrary to more deficit-oriented approaches of individual ageing, concepts of active or successful ageing emphasize the potential of improving biological ageing and social situations even in old age.³³ An active life is seen as a major contributing factor to ensure a long healthy life after retirement.³⁴ The concept of active ageing has been supported in the last decades by a rapid increase in the amount of empirical studies and practical interventions demonstrating that active strategies of life-long learning can significantly delay cognitive decline in old age.³⁵

Regular physical exercise is also an important element of active ageing as physical training can improve grip strength, sense of balance and general health even for people

30 Elaine Cumming/William E. Henry, *Growing Old. The Process of Disengagement*, New York 1961.

31 Robert C. Atchley, *Retirement and Leisure Participation. Continuity or Crisis?*, in: *The Gerontologist* 11 (1971), pp. 13–17.

32 John W. Rowe/Robert L. Kahn, *Successful Aging*, in: *The Gerontologist* 37 (1967), pp. 433–440.

33 The idea that a healthy and morally sound life can improve old age has a long tradition, at least among elites. Treatises on ‘successful ageing’ were for example published during the late Renaissance. For Zerbi’s “*Gerontocomia*” and Cornaro’s “*Trattato della Vita Sobria*”, cf. Chris Gilleard, *Renaissance Treatises on ‘Successful Ageing’*, in: *Ageing and Society* 33,2 (2013), pp. 189–215.

34 Stefanie Klott, *Theorien des Alters und des Alterns*, in: Stefanie Becker/Hermann Brandenburg (Eds.), *Lehrbuch Gerontologie. Gerontologisches Fachwissen für Pflege- und Sozialberufe*, Bern 2014, pp. 37–74.

35 Anne Eschen/Jaqueline Zöllig/Mike Martin, *Kognitives Training*, in: Hans-Werner Wahl/Clemens Tesch-Römer/Jochen P. Ziegelmann (Eds.), *Angewandte Gerontologie. Interventionen für ein gutes Altern in 100 Schlüsselbegriffen*, Stuttgart 2012, pp. 279–284.

aged 90 and above. To be socially active – including regular contacts with friends and family members or being engaged in volunteer work after retirement – has been shown to improve well-being and mental health in later life.³⁶ The potential for a long healthy life after the age of 65 in Europe has improved, and the lifestyles of newer cohorts of retired men and women are evolving in the direction of more active lifestyles, at least among affluent European retirees. The German ageing surveys (from 1996 onwards) show that on nearly all social dimensions, significant changes in life perspectives and lifestyles of the elderly population can be observed.³⁷ Positive trends (less isolation and better cognitive capacities) have even been observed among recent cohorts of German centenarians.³⁸

The structural changes of individual ageing in modern societies have resulted in important conceptual developments: firstly, individual ageing is no longer perceived as a process to endure passively, but rather as a process that can be actively formed and shaped. A radical consequence of an active attitude towards ageing is the emergence of an anti-ageing approach to medicine with the aim to prevent, or at least to slow down, biological ageing.³⁹ Secondly, subjective and chronological age differ significantly as new generations define themselves as being much younger than their chronological age.⁴⁰ Many retired persons define themselves as not being “really old” as long as they live at home without extensive help.⁴¹ In pre-industrial societies too, perceived age and chronological age could diverge, as mentioned in an analysis of old age during the Roman Empire: “Poorer people on the whole have ‘looked older’ at early chronological

36 Christian Deindl/Karsten Hank/Martina Brandt, Social Networks and Self-rated Health in Later Life, in: Alex Börsch-Supan/Martina Brandt/Howard Litwin/Guglielmo Weber (Eds.), *Active Ageing and Solidarity between Generations in Europe. First Results from SHARE after the Economic Crisis*, Berlin-Boston 2013, pp. 301–310.

37 Katharina Mahne/Julia K. Wolff/Julia Simonson/Clemens Tesch-Römer (Eds.), *Altern im Wandel. Zwei Jahrzehnte Deutscher Alterssurvey*, Wiesbaden 2017.

38 Daniela S. Jopp et al., *Zweite Heidelberger Hundertjährigen-Studie. Herausforderungen und Stärken des Lebens mit 100 Jahren*, Stuttgart 2013.

39 Astrid Stuckelberger, *Le guide des médecines anti-âge. De la prévention aux traitements. Techniques de pointe et ressources pour la longévité, la santé et la beauté*, Lausanne 2012.

40 Berner Generationenhaus, *Altersbilder der Gegenwart. Haltung der Bevölkerung zum Alter und zur alternden Gesellschaft*, Bern 2019.

41 Stefanie Graefe/Silke van Dyk/Stephan Lessenich, *Altsein ist später. Alter(n)snormen und Selbstkonzepte in der zweiten Lebenshälfte*, in: *Zeitschrift für Gerontologie und Geriatrie* 5 (2011), pp. 299–305.

ages than those who are better off, who also had the means to disguise the process of ageing⁴².

In the last decades, a distinction of at least two different types of older persons became popular and in ageing research the traditional notion of old age bifurcates between a new and rapidly expanding population of healthy and independent 'young old' (third age) and a frail or dependent population of 'old-old' (fourth age).⁴³ The term 'young-old' was first used by the American gerontologist, Bernice Neugarten,⁴⁴ and later developed into an elaborate theory of a third age by Peter Laslett⁴⁵. While the beginning of the third age is characterised by a socially important transition (retirement), the concept of the fourth age remains more ambivalent, as the start of the fourth age is not structurally defined.⁴⁶ The concept of fourth age refers either to people aged over 80 or alternatively to frail or dependent elderly persons. The transition from third to fourth age is often characterized by decreasing functional health and increasing frailty.⁴⁷ The main advantage of such a conceptualization is the possibility of a clear empirical classification of persons. The disadvantage is a primarily deficit-oriented perspective of the fourth age. The German gerontologist Ludwig Amrhein puts forward the thesis that the social upgrading of the third age in modern societies is complementary to a social devaluation of the fourth age.⁴⁸ While the 'young-old' are perceived as active subjects, the 'old-old' are still primarily seen as passive recipients of help and care. In a certain sense, the now popular distinction of 'young-old' versus 'old-old' reflects the societal difficulties in dealing with changes of ageing processes and using traditional concepts of age.

42 Mary Harlow / Ray Laurence, *Viewing the Old. Recording and Respecting the Elderly at Rome and in the Empire*, in: Krötzel / Mustakallio (Eds.), *On Old Age* (see note 14), pp. 3–24, at pp. 3–4.

43 Paul B. Baltes / Jacqui Smith, *New Frontiers in the Future of Aging. From Successful Aging of the Young Old to the Dilemmas of the Fourth Age*, in: *Gerontology* 49 (2003), pp. 123–135.

44 Bernice L. Neugarten, *Age Groups in American Society and the Rise of the Young-Old*, in: *Annals of the American Academy of Political and Social Science* 415 (1974), pp. 187–198.

45 Peter Laslett, *A Fresh Map of Life. The Emergence of the Third Age*, London 1989. The concept of third age was first practically applied in 1975 in Lyon (France), when the first "University of the Third Age" (Université du troisième âge) was founded.

46 Martin Kohli, *Alter und Altern der Gesellschaft*, in: Steffen Mau / Nadine Schöneck (Eds.), *Handwörterbuch zur Gesellschaft Deutschlands*, Wiesbaden 2013, pp. 11–23.

47 Christian Lalive d'Épinay / Dario Spini (Eds.), *Les années fragiles. La vie au-delà de quatre-vingts ans*, Québec 2008 (Sociologie Contemporaine).

48 Ludwig Amrhein, *Die soziale Konstruktion von ‚Hochaltrigkeit‘ in einer jungen Altersgesellschaft*, in: *Zeitschrift für Gerontologie und Geriatrie* 46 (2013), pp. 10–15.

4 Healthy Ageing. Contextual and Social Differences

Culturally, both positive and negative stereotypes regarding old age have a long tradition and have been observed in many historical and modern societies. Positive images relate to the experience and wisdom of the elderly, while negative images associate old age with functional and cognitive decline (dementia). Regarding the social status of older men and women, we find significant heterogeneity and inequality. In most historical and modern societies, the social status of older men and women varies according to their wealth and intergenerational family situation (son / daughter, father / mother or grandfather / grandmother). In many societies, social status and intergenerational family position are more important dimensions for determining the social situation of older men and women than are general cultural images of old age. While in many pre-industrial societies the social status of the elderly was primarily related to their level of control over (communal) land and their family situation (single, married or widowed), in modern societies social and health differences among older men and women are more strongly related to private income after retirement and to their educational level, while their family situation (single, married or widowed) is statistically no longer seen as being very significant.

Healthy ageing (as the major basis for active ageing) is primarily the privilege of more financially secure elderly persons in affluent regions of the world. This is clearly the situation in modern European countries, as illustrated in the following table (see table 2). The proportion of elderly persons who define themselves as healthy is markedly higher in wealthier European countries. And, within countries, the proportion of healthy elderly positively correlates to their financial situation.⁴⁹ In a certain sense, the modern socio-gerontological concepts of ageing (healthy and active ageing and differentiation between the third and fourth age) primarily relate to the affluent elderly (in many poorer countries there is still only a minority of older men and women relative to the overall population). While deficit-oriented images of ageing – often based on traditional stereotypes of decline in older age – are oriented towards the past (i. e. to societal situations or generations that no longer exist), the competence-oriented concepts of ageing often relate to an idealised future.

49 Significant differences in healthy ageing also relate to the level of education achieved (not shown).

Tab. 2: Healthy Ageing – Subjective Health in Selected Countries Declared as Being Good or Very Good and Financial Situation in 2018.

Country	No.	All	Financial Situation of Household		
			Good	Medium	Bad
Switzerland	337	71 %	79 %	68 %	49 %
Norway	308	65 %	70 %	56 %	44 %
Belgium	389	63 %	72 %	61 %	52 %
United Kingdom	518	61 %	72 %	53 %	21 %
Netherlands	375	55 %	61 %	51 %	45 %
Austria	575	53 %	66 %	49 %	36 %
Germany	578	49 %	58 %	45 %	16 %
Finland	494	48 %	55 %	46 %	40 %
France	516	46 %	56 %	44 %	37 %
Czech Republic	439	36 %	60 %	37 %	27 %
Italy	801	35 %	50 %	35 %	22 %
Hungary	466	29 %	48 %	33 %	21 %
Poland	336	26 %	44 %	31 %	14 %
Serbia	539	25 %	41 %	27 %	16 %
Bulgaria	767	22 %	67 %	39 %	17 %
Persons aged 65+ Financial situation of household: <ul style="list-style-type: none"> ● Good: living comfortably on present income ● Medium: coping on present income ● Bad: difficult or very difficult to live on present income Source: European Social Survey Data 2018, Data file edition 1.0, Norwegian Social Science Data Services, Norway, data archive and distributor of ESS data.					

5 Conclusions for Historical Research

Philosophically, ageing is a general human experience affecting all men and women in a fundamentally similar way (and in this view Cicero's "De Senectute" is today as important as it was in his time). From a sociological point of view, however, individual ageing is strongly embedded in and affected by demographic, social, economic and cultural structures of society. Within a given society, the status of elderly women is determined

by general social inequalities. Historical research on old age therefore has to take into account the specific societal conditions of a region during a given period or, to put it more directly: an ahistorical analysis of old age (and particularly regarding the status of elderly persons) in preceding decades and centuries makes no sense. A large part of previous and current research on ageing or on older persons can be classified as being ahistorical research, in the sense that the social and historical context of given empirical observations or cohort effects were and are still neglected. The main consequence is that empirical relationships observed in a given context over a given period cannot be validated by later research or by research looking at older people in culturally different contexts. As individual ageing is immanently related to intergenerational relationships and intergenerational changes, cohort effects and family situation (child, parent or grandparent) are often just as important as other ageing effects.

Regarding socio-gerontological approaches to ageing, their use for historical research is limited, as those concepts are primarily valid for modern societies with organised retirement systems and a relatively long (healthy) life expectancy after retirement. Some concepts (active ageing and successful ageing) are to some extent more oriented toward the future of ageing than to the past. As illustrated, active and healthy ageing, even today, is primarily a reality for more affluent and highly educated men and women in wealthier parts of the world. In pre-industrial societies modern socio-gerontological approaches to ageing can, however, be used in reflecting the ageing of selected elites (for example as front-runners of more active perspectives on ageing processes).

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