

Institute on **A**ging

University of North Carolina

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**Age Integration: Challenge
to a New Institute**

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National Institutes of Health

April 24, 1997

DISTINGUISHED LECTURE SERIES

In August 1996, the North Carolina General Assembly approved funding for the creation of an Institute on Aging. The new institute was to be placed under the general umbrella of the University of North Carolina System and be based on the campus in Chapel Hill, with an explicit mandate to extend its reach throughout the state. Subsequently, the decision was made to locate the Institute on Aging within the Division of Health Affairs, along with a number of problem-focused centers and institutes having a pan-university responsibility for building interdisciplinary programs. In addition, a Statewide Aging Advisory Committee was formed, through which the Institute could bring into its overall program the views and perspectives, as well as the active participation, of colleagues in the aging field from our sister institutions of the UNC System, as well as the Cooperative Extension Service, the Community College System, and faculty with aging interests in the private colleges and universities of the state.

The Institute on Aging will have separate divisions for public service, educational programs, and research. Among the disciplines of faculty participating in the new institute are the social sciences, clinical medicine, epidemiology, the biology of aging, education, law and social work.

One of the first initiatives of the Institute is the sponsorship of a distinguished lecture series on aging issues. The presentations of our distinguished lecturers will be printed and distributed widely. We invite our colleagues and the general public with an interest in the field of aging to join us for these periodic lectures sponsored by the Institute on Aging.

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Greetings and congratulations from my Institute on Aging to your new Institute! Together, we are entering a society in which the very meaning of age is changing. As older people become increasingly predominant in society, my special challenge for the UNC Institute on Aging is to recognize the realities of age integration—a concept that broadens the entire field and definition of gerontology to involve all ages and many disciplines.

What do I mean by “age integration”? It is the almost unimaginable prospect of breaking down age barriers and bringing people of different ages together. By sheer coincidence, Peter Uhlenberg has just provided a telling illustration in an article on “An End of Nursing Homes.” He argues for breaking down the age barriers that segregate the feeble older people, in favor of alternative arrangements that would integrate old people with others of varied ages and generations. His prime example is home care, where old people are not isolated but are surrounded by family members or visiting caretakers who are often younger than they are.

A moment’s thought begins to suggest the large implications for consideration here: The well-being of older people affects all of us, at every age.¹ Thus, in line with public health advances, a doctor treating older patients must also understand their children and grandchildren; or a lawyer can’t advise older people without regard for their heirs.

I believe that such a focus on age integration— on all ages— can provide a unique opportunity for your new Institute to combine research and practice in ways that can enhance the good health, functioning, and quality of life of older people— and indeed of everyone, in North Carolina and throughout society. (Let me make clear at the outset: this is my personal conviction; I do not speak for NIA as a whole, though I can help in directing grant applications to the appropriate NIA funding sources.) Age integration is at the forefront of my own NIA agenda, in the Program on Age and Structural Change (PASC). And I hope it will be on yours.

Synopsis. To bring this lofty challenge down to earth, I’ll touch on the four points listed in Table A. Some are familiar— especially to social scientists— but they take on tantalizing new meaning when seen as parts of an agenda, like that of UNC Institute on Aging, that extends across disciplines and across areas of application.

First—When I talk about age integrated structures (like the former one-room schoolhouse) I am contrasting them with age differentiated structures (like modern

schools that have been age-graded). In American history, the long swing away from more age-integrated toward more age-differentiated structures appears to have run its course, and there is now growing evidence of a dramatic swing in the other direction—toward age integration.

Age integration is not new to social scientists. (Already we at NIA have been collaborating on it with Peter Uhlenberg, and indirectly with Glen Elder and other scholars at UNC.) For years we had been predicting it. For years, however, the idea was called “visionary.” No longer! For the scientific principles² with which we have been struggling have made clear that the transition toward age integration is now inexorable.³ Indeed, key elements of age integration are already upon us.

Second—I’ll describe our thinking about the “dynamisms of structures and lives,” which operate through three guiding principles to produce this inexorable swing toward age integration. I’ll spend considerable time on these principles because they help us to understand the current changes which could be translated into agenda for a new institute.

Third—As a new research agenda, I’ll discuss implications and possible benefits of age integration for people and society—the wide opportunities and wrenching problems that require further study by many disciplines in the sciences and humanities.

Fourth—As a new agenda for practice, I’ll conclude with some emergent realities of age integration that you might consider for programs of your Institute in geriatric education, the health professions, social work, public policy, and all the supportive services that can maximize health and well-being of older people.

My overview of these four points today will, I hope, legitimate my challenge—(to repeat) that, by recognizing age integration and thus enlarging gerontology, the University of North Carolina can launch its Institute into a unique place in scientific research, professional practice, and public policy for the benefit of older people and society.

1. Age-Integrated Structures

First, then, for understanding age integrated structures, we contrast two “ideal types” (as in the simplified Figure 1) as benchmarks or standards for comparison. Look first at the extreme “age differentiated” type of structure (left of the chart). Structures of this type fit into one of the three often-studied “boxes”: schools, vocational centers, or universities for the young; work for those in the middle years when family burdens are also heaviest; and for older people retirement or leisure—what has been called the “roleless role.” In age-differentiated schools, for example, children in age-homogeneous grades have little opportunity for interaction with children even a few years older or younger than they; or in nursing homes, old people have little chance for interaction at all, particularly with younger people.

Now look at the opposite “age integrated” extreme (right of the chart). Here, opportunities in all structures—education, work, family, and leisure—are open to people of every age (within the limits of biology). With age barriers removed or reduced, people of all ages are brought together.

To be sure, these are ideal types. Neither extreme exists in reality. But, over the course of history, there have been long swings toward one type or the other. Many

of our forebears experienced elements of age integration in the one-room school house or in the extended-family household. Yet, following the Industrial Revolution, a long era approached the age differentiated type when parents no longer took their children with them into factories or mines, work was separated from the home, schools were established to look after the children, and retirement housing gradually evolved for the elderly.

Today, although the age-differentiated type is still reminiscent of the recent past, the age-integrated type portends the already emergent reality which your new Institute is entering. In this talk, we'll be exploring this ideal type of age integration as it raises issues for possible consideration in your new agenda. We'll be asking such questions as: Could age integration encourage sharing by the young in the wisdom and experience of the old, and by the old in the vigor and adventurous spirit of the young? Could it foster ties of affection and solidarity across age and generation?

2. Dynamisms of Structures and Lives

Before going further into the realities of age integration, however, let me describe in some detail the social science basis for understanding and coping with it. (Perhaps the social scientists will see some radical implications of this familiar material). We begin with two broad “dynamisms” (or sets of processes) which make the significant distinction between people's lives and the enviroing social structures. (Here we refer to “structures”⁴ as the political, economic, educational, health care, religious, kinship, and other groups—or situations—within which individuals are growing older.⁵) It is the dynamic interplay between changing structures and the changing patterns of people's lives that has revolutionized the field of gerontology and now leads to age integration.

We'll keep coming back to these dynamisms:

- the dynamism of changing lives refers to successive cohorts of people who are born, grow older, die, and are replaced by oncoming cohorts;
- the dynamism of changing structures refers, for example, to changes in the age criteria for retiring from work, or for entering and performing in a graduate school.

For understanding how these dynamisms operate to produce the transformation to age integration, three well-established principles are involved.

A. *Interdependence*

The first of these governing principles, the principle of interdependence (or interplay) between the dynamisms, is schematized in this obviously simplified Figure 2. Structural changes and changes in the patterns of people's lives are in continuing interplay: each influences the other (note the two-directional arrows connecting the dynamisms in the chart).

When we first studied these reciprocal influences, they seemed mysterious. But the century-long changes in the work lives of women provided a clear example of the dialectic. Going back over a hundred years, we began to trace the interplay as larger and larger proportions of women in each successive cohort spent their adult lives in the labor force. Next, structures also changed, as more and more employers

opened work roles for women. Gradually, too, the norms built into work and family structures also changed. First, it became acceptable for women to work. Now it is often expected that women should work. And, as the interplay continues into the future, these alterations in both work and family structures will, in turn, bring still further changes into every aspect of women's lives.

Such an example illustrates the interdependence between changes in lives and in structures.

B. *Asynchrony*

But this dialectical interplay between structures and lives does not run smoothly, because a second and very powerful principle is also involved. This is the principle of “asynchrony”—which means that, although the two dynamisms are interdependent, there are inherent differences in timing between them.

To explain asynchrony, this very familiar Figure 3⁶ sets the interplay into time—with dates of history along the bottom, and years of age down the side. Within this space, you can see the difference in slant between the diagonal and the vertical lines. This difference helps to imagine the asynchrony. Both dynamisms change over time, but each marches to its own drummer.

Lives. The dynamism of changing lives is represented by the diagonal lines. These diagonals (A, B, and C are highlighted as examples) denote successive cohorts of individuals who, as they grow older, move across time and upward in age from birth to death. Just consider what these upward diagonals mean: While the people in these cohorts are growing older, society is changing around them.

For example, follow the diagonal for Cohort A, born in 1890. In 1910, when its members were age 20, American society was very different from what it had become in 1970 when these members reached age 80. If, as young adults, they had made plans for their old age, they were planning for a future that would never exist. Why? Because people in this Cohort A arrived at old age having experienced a slice of history that no previous cohort had ever experienced. And because their predecessors had never encountered an old age like theirs. Similarly, the lives of more recent cohort members have no precedent. Because of social change, no two cohorts grow old in precisely the same way.

Structures. Turning now to the dynamism of changing structures, structures do not follow the rhythm of aging over the life course⁷; rather, they change over historical time without rhythm or periodicity.⁸ In Figure 3, structures are represented by the vertical (white) lines. Each vertical denotes a particular social structure, such as a community or a work organization, as it was in a particular period of time. Over the course of time, every community or work organization or other structure is continually changing—so please imagine an entire series of vertical lines.

Now note how the two sets of lines are juxtaposed. To take one example, look at the vertical for the year 1990 as a community. At this point in time a set of cohorts (the several diagonal lines) are passing through this structure. Thus the community embraces all the co-existing cohorts of people who, though they differ in age and experiences, are simultaneously participating in the varied age roles in that structure (a structure which itself will change over time).

Imbalances. Considerable thought is needed to clarify this complex principle that the two dynamisms can never be perfectly synchronized. (In the Figure, the two sets of lines have different slopes and are continually criss-crossing each other at different points.) But the essential meaning of asynchrony is crystal clear. It means that lives and structures rarely fit together smoothly. Endemic in the asynchrony are recurrent imbalances between lives and structures.

Universality. Before considering the implications of these imbalances, I pause to emphasize a unique feature of asynchrony: its universality. It is driven by the dynamism of lives which defines a truly universal social process: Aging and the succession of cohorts persist as long as the society endures! Yet, the aggregate pattern of lives is continually changing from cohort to cohort (because of historical changes and the interplay with the dynamism of changing structures). Thus neither lives nor structures can ever be stationary; they are subject to continual alteration—though the two change in differing directions.

So, although we often forget it, this universal principle of asynchrony points both to the inevitability of continuing change⁹ and also to the inevitability of recurrent imbalances between lives and structures.

C. *Social “homeostasis”*

The imbalances or “lags” between lives and structures bring into play a third principle we are calling “social homeostasis,” or inherent pressures to alleviate the imbalances.¹⁰ By homeostasis we mean, not a stable equilibrium, but a dynamic tendency toward new changes that might improve the mesh between lives and structures. This underlying tendency becomes apparent when a pronounced imbalance exerts severe strains upon the people and structures involved. The most recent imbalance¹¹ has been a lag of structures behind lives—as society has failed to provide opportunities in education, family, or work for the growing numbers of competent older people. And the special circumstances of this “structural lag” are important because they trigger the homeostatic pressures¹² toward change that promote age integration today.

Structural lag. The special circumstances of structural lag are well-known. The imbalance occurred because lives have undergone revolutionary changes during the 20th century. For the first time in history, most people live to be old. Not too long ago the statistical norm for dying was age 50! And now we learn that people who survive to 85 may well live to 100 or even longer!¹³ Moreover, today’s older people (despite the minority who are seriously disabled) are on average healthier and more capable than their predecessors,¹⁴ as advances in technology, medicine, and public health have enhanced the biopsychosocial processes of aging over people’s lives. However, until recently, the complementary changes in social, cultural, and economic structures had been lagging behind. Older people’s needs for involvement and esteem have been frustrated, while the middle-aged have been overburdened with responsibilities. Stubborn remnants of age differentiation, with its age constraints and “ageist” bias, still persist.

Pressures toward new changes. But not for long! Increasing numbers of capable and potentially productive older people cannot long co-exist with curtailed role opportunities, while younger adults are struggling under overwhelming structural demands. Something has to give.

Indeed, it is not surprising that many people do not passively accept the age constraints that have confronted them as they move into old age. Rather, they think and act in new ways that challenge the outdated social institutions that have marginalized the old in our society. Their new ways gradually crystallize to become innovations in social structure. People themselves are creating original and rewarding opportunities that reduce the problems of structural lag. And it is not only the most healthy and vigorous older people, but also the disabled and the institutionalized who increasingly demand meaningful roles. Younger people too are encouraging change. Harried middle-aged people cry out for some share in the countless hours of free time that often hang heavy on older people in retirement. Children also are eager to be involved in the activities of the real world.

Thus the structural lag that has reflected age barriers and age segregation in our society is being challenged. Homeostatic pressures have become powerful. And the direction of change is toward age integration.

In sum, as I have tried to show through this long exegesis of underlying principles, these pressures toward age integration are inevitable—because they derive from the universal asynchrony between the interdependent dynamisms of changing lives and changing structures. Today, as age integration responds to these inexorable pressures, we are offered an unplumbed agenda for both research and practice.

3. An Agenda for Research

We turn now to a new agenda for multidisciplinary research—to the implications of these emerging age-integrated structures and the people involved. Two critical questions about age-integrated structures demand research attention: (a) What kinds of age differences are involved? And (b) What are the potential benefits for people and society?

A. *The nature of age differences*

We begin with the nature of age differences among people confronting each other in age-integrated structures. Let's take one last glance at Figure 3 (above) and imagine that a vertical line at a particular time (such as the year 1990) represents a particular structure—a community, for example—and the people within the community at that time.

The people in the community range in age from infants to centenarians, and they are marked by enormous age differences:

- They differ biologically, with the youngest in the early stages of development, and the oldest in the later stages of aging.
- They differ in sheer numbers of years of accumulated past experiences, and in years of potential future experiences.

But this is only part of the picture. Just look at the many diagonal lines cross-cut by this one vertical line. These diagonals represent the sets of cohorts converging in this community at this particular time. And, because cohorts differ, the people in these cohorts differ in many ways: in standard of living, educational level,¹⁵ nutrition, diet and exercise, exposure to acute vs. chronic diseases. Thus cohorts of people who are old today were reared very differently from cohorts who will be old in the future: in health patterns, life styles, norms of responsibility. Moreover, peo-

ple in the successive cohorts are necessarily exposed to different eras of history. People old in 1990 had lived through the Great Depression, World War II, and the political climate set by Franklin Roosevelt; whereas the old people of the future are growing up today with soccer moms, crime in the streets, computer technology, and uncertain social norms. And all these cohort differences mark differences by age in the lives of people who are co-existing in one particular time and place.¹⁶

Now let's think of the ideal-typical community in which these age-heterogeneous people co-exist in 1990.¹⁷ If, at one extreme, the community is age-differentiated, the people in any particular school or firm or housing development are similar in range of age and experience; and within any given school, they are further graded by age. And the lives of the people are uniform, locked into fixed transitions from education, to work, to retirement. If, at the opposite extreme, the imaginary community is age-integrated, people of widely-varied age and experience are fitted together within each particular firm, educational institution, or health care organization. Here individuals are offered a flexible life course: They can choose whether and when to move in or out of education, work, family activities, or leisure.

In anticipation of the emerging age integration of communities, states, and society, further research on age differences is sorely needed: How, and under what conditions, are these differences distributed within particular structures? And with what consequences?

B. Possible benefits of age integration

This raises the other critical question for research: What are the potential benefits of age integration—of breaking down age barriers and bringing together people of different ages to work on common problems?

To be sure, there are disadvantages as well as benefits. People's differing experiences may lead to misunderstandings, tensions, competition for scarce jobs, even intergenerational conflict. And some older people may prefer the comparative advantages of age-differentiated structures—such as the comfort of familiar ways, reassurances from others of one's own age (as Irving Rosow has shown), and a financially secure retirement after long years in some boring assembly line or debilitating service job.

For possible use in the UNC research agenda, however, I'll simply list here some of the benefits (see Table B)—fully recognizing that the downside of each also needs to be explored.¹⁸

- The first item is increased involvement of older people in the wider society. No longer isolated by age barriers, they can participate in varied structures and with other people who vary in age and generation. And involvement, or participation, is known to be highly correlated with health and effective functioning.
- Item - Because of intergenerational sharing of responsibilities, the middle-aged have reduced burdens of work and family and can in turn provide stronger social support to their elders.
- Item - Old and young both benefit by socializing with each other, as older people teach the young, and young people, even babies, evoke responses

from the old. Each gains new knowledge by sharing experiences with the other. They come to understand each other's differences. And they recognize their common humanity—every old person was once young, and every young person will be old—a common humanness that transcends their many age-related differences.

- Item - As formerly age-segregated people come to understand each other, ageism is dissipated. Old people are now demonstrating that most of them are not severely disabled or institutionalized, as the false stereotype has had it. (For example, the *New York Times Magazine*, March 9, 1997, finally breaking the media silence on this stubborn false stereotype, pictured on the cover a bunch of post-middle-age people as saying, “Funny, we don't feel old.”) The bias against children, too, is mitigated as grandparenting or great-grandparenting becomes the social norm: children are less often fearful of older people (even dentists!), and more older people are rediscovering children.
- Item - Shared experiences also benefit future society by preserving the heritage of the past. In any field of inquiry, knowledge and experience are transmitted from generation to generation.¹⁹ Younger people (like new Aging Institutes) starting out today inherit a core of wisdom that can be adapted to guide future scientific innovations and practical interventions. According to the Scriptures, “One generation passeth away, and another generation cometh; but the earth abideth for ever” (Ecclesiastes).
- Last Item—Today, through these many types of interaction, people of varied ages can form ties of mutual affection and group solidarity. Thus older people's well-being now rests on a strengthened base of families, communities, state organizations, and other structures.

In sum, our tentative list of the potential benefits of age integration surely belongs on any new agenda for research. We still must inquire about the facts: What is the down side of each benefit? And which of these benefits are still visionary? How can those that do not yet exist become real, as vision is a self-fulfilling prophecy that creates reality?

4. An Agenda for Practice

Though the full facts are elusive, many aspects of age integration are already emerging as realities—no longer a mere vision. (And these emergent realities provide a new agenda for practice).²⁰ I'll end with another list—a list of fields in which aspects of age integration are already a reality (see Table C). Some of these fields may serve the practicing professionals in the new UNC Institute on Aging as a laboratory—for assessing ongoing trends and perhaps guiding their development to enhance the lives of older people.

In families, though many older people are widows living alone, their age-integrated kinship network has been utterly transformed.²¹ Recent revolutions in longevity and patterns of marriage and divorce mean that many families now include no less than four generations. And many include such diverse relationships as: uncles and aunts, step-kin, in-laws, adopted children, and foster children older people adopted as foster parents, god-parents, “fictive” kin in the rising numbers of

ethnic communities, and other surrogate kin outside the traditional family (e.g., lonely older patients may form ties to sympathetic nurses' aides). Thus family boundaries extend far beyond the household to transcend age and generation. Some of these kin and kin-like relationships remain dormant until called upon for instrumental or emotional support, companionship, or affection. Yet, other relationships are highly active, especially as e-mail and airplane travel reduce geographical distances.

Members of age-integrated kin networks subsume many functions formerly met by institutions outside the family. Already, the extended kin networks take major responsibility for health care. Most recently, propelled by relaxation of stringent state guidelines, the rapid rise of "kinship care" by relatives and friends is replacing foster care of children by strangers.²² Much lifelong education now goes on informally in the kin matrix. Ironically, as state education programs raise standards for high school students, it is the young who will often be educating parents. (A surprising number of parents are illiterate; for example, a recent survey reported that many don't know how long the earth takes to go round the sun, or think that the epistles are wives of the apostles!)

In housing, architects, developers, and public agencies are designing private dwellings suitable for two generations of a family, and neighborhoods that provide access by all ages to community facilities and to other people. Recently developed retirement communities are located away from isolated areas and toward older people's "own back yards" where neighbors of all ages are nearby.

In welfare, agencies take over many problems that families cannot handle. Social workers increasingly take into account family history and interpersonal relations involving all ages. Some welfare programs work with older family members who are coping with the special needs of their daughters who are unmarried mothers, or coping with the weakened relationships between older men and their adult sons.²³ Mentoring and other programs address intergenerational problems with drugs or crime in families or schools; and such programs attempt to reconcile competing demands for help and resources between disabled older people and younger people struggling with family abuse or AIDS. "Community centers" are bringing together "senior centers" and "child care centers," thereby facilitating cross-age interaction and at the same time conserving precious space and scarce resources.

In education, colleges and training institutions have already opened their doors to students of all ages, and private industry has not been left out. Half a million people over 50 have gone back to college or junior college in the United States, and adults over 40 account for as many as 15 per cent of all college students.²⁴ Some older students seek self-fulfillment and the joy of learning; others—ranging from medical doctors and nurses to taxi drivers and plumbers—require retraining because of the succession of jobs over a long lifetime. Mutual benefits accrue as young and old are students together, with students often older than their teachers; or as senior educators serving as mentors for younger colleagues, with reciprocal contributions of seasoned experiences in return for fresh ideas or cutting-edge technical skills. When older students, educators, or researchers are stimulated by their younger counterparts, their cognitive competences are renewed and they gain power from the educational advance.²⁵ Moreover, each state, and society as a whole, gains the invaluable asset of an informed citizenry.

In work, firms increasingly integrate the workforce through programs for “unretirement,” re-hiring retired employees, or hiring retirees part-time or as consultants. Many older people are creating innovative new entrepreneurs for themselves, often making jobs for younger assistants. Special agencies are matching job-seeking retired managers and executives with heads of small businesses.²⁶ Younger workers learn from the experience of their elders, as in apprenticeships; but in high-tech firms it is often the young who can teach the old. The many critical issues for programs on work include: How to support fully portable pensions or educational leaves for the lifetime succession of jobs? How to design jobs for immigrants of varied ages from other countries? How to provide incentives for older workers, when the available jobs are without benefits or adequate pay?

In volunteer work, as community services expand, many schools, hospitals, and local governments have come to depend on elders who volunteer their skills and time. Experiments are made with older people helping the young, and younger people helping the old. The large numbers of elderly volunteers here and abroad enjoy heightened esteem—they are no longer mere “do-gooders”—because they now have increased training and supervision. But new problems can arise as elderly volunteers threaten, and are even subject to exploitation by, younger workers still in the paid labor force.

In health care, the age-segregation of nursing homes is often replaced by more open housing arrangements; and for families (the caretakers of most frail older people) age-integrated help is provided through respite care, meals on wheels, or transportation services. In line with advances in public health, older people who are still vigorous and capable (the great majority) are given preventive or rehabilitative treatment by doctors and nurses often younger than they. Physicians are gaining a broader perspective which regards patients, not as individuals with isolated problems, but as members of a complex transgenerational kinship matrix with which health care must cope. Such critical issues arise as whether old age should be a basis for cutting off heroic medical treatments. Experiments with hospice care are allowing dying persons to be surrounded by family and friends. Moreover, as younger and older physicians (or nurses’ aides, or pharmacists) work together, they benefit by learning from each other.

In religion, people of all ages are showing renewed interest; many churches and synagogues are engaging old, young, and middle-aged in common projects; spiritual counselors are believed to be well prepared to deal with the changing needs of parishioners of all ages; and spirituality is increasingly recognized as an area for life-long “scientific” study.

In the realm of societal values, however, one potential benefit of age integration—a new definition of the “good society”—is still far from a reality. The unresolved dilemma of age integration remains: whether Americans will be willing and financially able to sacrifice the goal of full-time jobs for more leisure and family time. Will the premium now placed on materialism and consumerism lose its allure if older people become accustomed to sharing paid jobs and material rewards with younger people, while younger people share some of their leisure with the elderly? Is it now possible that age integration may dissipate some of today’s cynicism, self-absorption, and concern with private opulence? If any such benefits are envisioned

for age integration, these are unlike the other potentials—they remain as visions for the future.

This ends the list of some emerging realities of age integration—what is already happening, and what might be encouraged to happen.

In summary, you may well now ask: What is the message? Here is my answer: We have already entered an era of age integration. The time to prepare for it is at hand. Wide-ranging elements of age integration are emerging as laboratories not only for new research, but also for practical implementation. These elements of emerging age integration call for basic revisions in gerontological curricula and yet-to-be articulated programs for institutes on aging.

My challenge to your new Institute is to include some of these elements in your agenda. Continual monitoring of the knowledge base and guidance of the practical experiments are essential if positive outcomes—for old people, for the State of North Carolina, and for society as a whole—are to be assured. I believe the UNC Institute on Aging is uniquely positioned to bring research and practice together toward this goal. And I'll look forward to hearing from you.

Address (in abridged form) at the University of North Carolina, Institute on Aging, Chapel Hill, N.C., April 24, 1997. With appreciation for suggestions from Anne Foner, John W. Riley, Jr., and Peter Uhlenberg. This talk is a component of NIA's Program on Age and Structural Change (PASC).

Notes

¹ The aging process also includes all ages, from birth to death.

² These principles are contained in the “aging and society paradigm” and the current focus of NIA’s Program on Age and Structural Change (PASC) as a hitherto neglected aspect of the paradigm. See Riley, 1994. Kent Lecture, “Aging and Society: Past, Present, and Future.” *The Gerontologist*, 34 (4): 436-446.

³ It is assumed throughout that these basic principles operate under today’s special conditions of structural lag to produce greater age integration. The asynchrony of the interdependent dynamisms make a lag inevitable (as shown below), but age integration as the outcome follows from the particular character of the current structural lag.

⁴ In the Aging and Society paradigm, “structures” refer, not only to groups of people as “collectivities,” but also to the social environment (e.g., housing) and components of culture that are built into current norms (e.g., laws, language). Structures are analyzed at multiple levels (e.g., groups, roles, states, or society as a whole).

⁵ Structures provide for their members role opportunities and responsibilities, expectations and sanctions, constraints, and resources of power, prestige, and material goods.

⁶ This simplified chart barely begins to represent the complexities involved.

⁷ Structural change, although little is known about it, is also affected by historical alterations such as technical advances, wars, global migrations of labor, or economic booms and busts.

⁸ The timing of the dynamism of changing lives is clearly defined by the diagonal axes of the life course; but the timing of the dynamism of changing structures shows no rhythm or periodicity along the axis of historical time—as demonstrated by Sorokin and others many years ago (despite frequent, even current, arguments to the contrary).

⁹ Cf. Sorokin’s “immanent change.”

¹⁰ Social homeostasis is a special feature of the interdependence between two dynamisms. It operates at a given time in response to a particular imbalance.

¹¹ Imbalances can occur in either direction. In technologically developed organizations, e.g., lives have been lagging behind structures.

¹² These intrinsic pressures toward age integration are reinforced by “extrinsic” circumstances, such as global improvements in communication and transportation that bring all ages together.

¹³ For several industrialized countries, see Vaupel, J.W. and Jeune, B. (1994). The emergence and proliferation of centenarians. *Population Studies of Aging #12*. Odense University, Denmark.

¹⁴ Cf. Manton, K.G., Corder, L. & Stallard, E. (1997). Chronic disability trends in elderly United States populations: 1982-1994. Proceedings of the National Academy of Sciences, vol 94, pp. 2593-2598.

¹⁵ Educational differences are less today than they were earlier.

¹⁶ NOTE: Because of cohort differences, the notion of “age-irrelevance” can never apply to a population, though for individual lives chronological age is not an appropriate marker.

¹⁷ The community as a “structure” contains many smaller structures (firms, schools, nursing homes, etc.). Two levels are involved.

¹⁸ Both benefits and disadvantages extend to old and young of many kinds: women and men, rural and urban, minorities and majorities. An important question for research asks to what extent current inequalities of money and power based on class, race, or gender will persist within age strata. Presently, the financial status of the majority of older people has been improving, but there are great variations within this majority, and the future is unpredictable.

¹⁹ See R.K. Merton and M.W. Riley, *Sociological Traditions from Generation to Generation*, 1980, p.ix.

²⁰ NOTE: As realities, they also attest to the immediacy of the age revolution I have been predicting.

²¹ See Riley, M.W. & J.W. (1993). Connections: Kin and Cohort. Pp. 169-190 in V.L. Bengtson & A. Achenbaum (eds.) *The changing contract across generations*. New York: Aldine de Gruyter.

²² Now that many states are starting kinship care efforts, it is estimated that a third of the children in foster care now live with relatives, neighbors, and parishioners, rather than with strangers. (*Washington Post*, 4/16/1997, p.A12)

²³ Cooney, T. and Uhlenberg, P. (1990). The role of divorce in men's relations with their adult children after mid-life. *Journal of Marriage and the Family*, 52, 677-688.

²⁴ Jack Rosenthal in *New York Times Magazine*, March 9, 1997, p.42

²⁵ Noted for the UK and (citing Baltes' Berlin study) for Germany by Glendenning, F. (1997), Learning in the third age, *Ageing and Society*, 17, pp. 96-97 (book review).

²⁶ Noted for France by Glendenning, p.98.

Table A

AGE INTEGRATION: CHALLENGE TO A NEW INSTITUTE

1. AGE INTEGRATED STRUCTURES
 2. DYNAMISMS OF STRUCTURES AND LIVES
 - A. Interdependence
 - B. Asynchrony
 - C. Social “homeostasis”
 3. AN AGENDA FOR RESEARCH
 4. AN AGENDA FOR PRACTICE
- DISCUSSION

Table B

POTENTIAL BENEFITS OF AGE INTEGRATION

- INVOLVEMENT
- SHARED RESPONSIBILITIES
- SOCIALIZATION
- DISPELLING “AGEISM”
- PRESERVING THE HERITAGE
- STRUCTURAL SOLIDARITY

Table C

FIELDS OF APPLICABILITY OF AGE INTEGRATION

FAMILIES

HOUSING

WELFARE

EDUCATION

WORK

VOLUNTEER ACTIVITIES

HEALTH CARE

RELIGION

SOCIETAL VALUES

Figure 1. Ideal Types of Social Structures

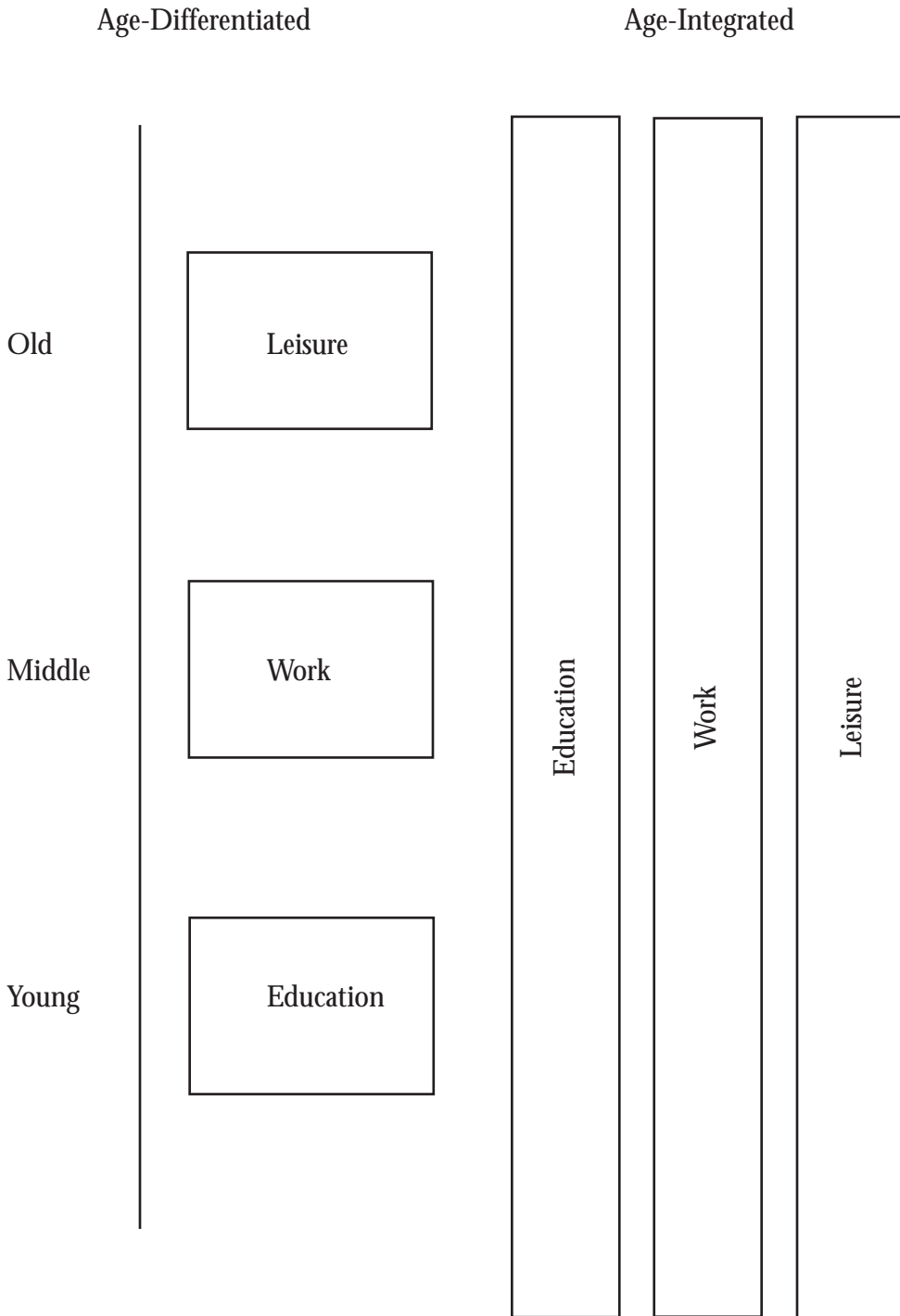


Figure 2. Interdependent Dynamisms

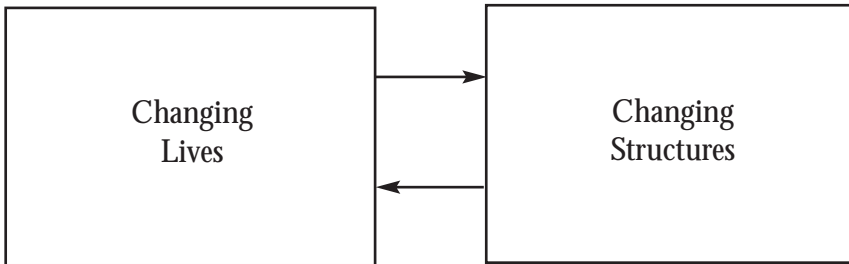
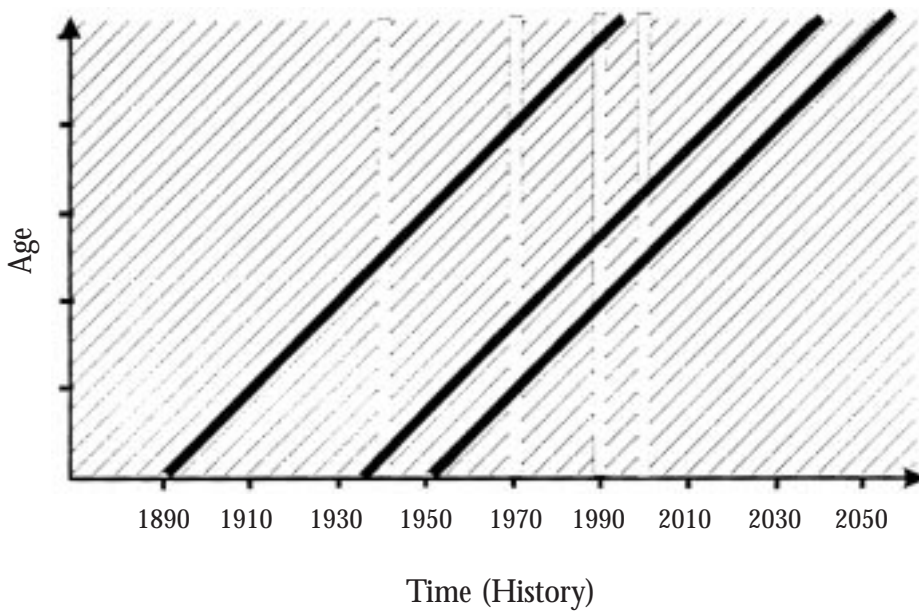


Figure 3. Changing Lives and Structural Change



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