

# Old Age, Gender and Physical Activity: The Biomedicalization of Aging

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## *A Contemporary Paradox*

The biomedicalization of aging, forged over a century ago by socially constructing old age as a diseased, dependent and inactive “stage of life” has strongly influenced the way many people think about the physical and sporting possibilities of aging men and women. Such a view has fostered age-grading systems and perpetuated the tendency to view aging negatively and as a medical “problem” requiring medical assistance, despite increasing contemporary evidence of the importance of social and behavioral factors in explaining health and aging.<sup>1</sup> Perceptions of old people as helpless, sick and dependent upon medical intervention “may actually teach older people to become dependent and sick, encouraging them to act the part while simultaneously affirming the power of the medical model to define what is real and important.”<sup>2</sup> The belief is perpetuated that the problems of aging are biological and physiological rather than social and behavioral and hence can only be fixed by medical technology, if at all.

Furthermore, many physicians remain unclear about which changes found in elderly patients are pathological, which represent normal aging and what to advise in either case. The elderly are often insufficiently impressed with the “use it or lose it” argument in their dealings with medical personnel. Some doctors, for example, have been found to considerably underestimate the

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1. Carroll L. Estes and Elizabeth A. Binney, “The Biomedicalization of Aging: Dangers and Dilemmas,” *The Gerontologist* 29 (1989): 587-596; M. W. Riley, “Health Behavior of Older People: Toward a New Paradigm,” *Health, Behavior and Aging: A Research Agenda*, Interim Report, No. 5 (Washington, D.C.: Institute of Medicine, 1981).

2. Estes and Binney, “The Biomedicalization of Aging,” 594; Carroll L. Estes, *The Aging Enterprise* (San Francisco: Jossey Bass, 1979); Meredith Minkler and Carroll L. Estes (eds.), *Readings in the Political Economy of Aging* (New York: Baywood, 1984); J. Rodin and E. Langer, “Aging Labels: The Decline of Control and the Fall of Self-Esteem,” *Journal of Social Issues* 36 (1980): 12-29.

average life-expectancy of seventy-five year old women, leading them to dismiss the utility of behavioral changes that would reduce morbidity.<sup>3</sup> Though sources of resistance to the biomedical construction of aging are increasingly apparent, a distinction continues to be made between providing the elderly with “just enough” assistance for modest maintenance but not “too much” for free and enjoyable living. These restrictive norms of a culture biased toward youth have operated to decrease the range of choice of the elderly as much, if not more than physiological and economic limitations.<sup>4</sup> Though Laslett talks of an emerging “Third Age” of personal fulfillment begun after leaving the labor force,<sup>5</sup> old people are still often viewed as “running out of program,” living out their older years inactively and devoid of purpose.<sup>6</sup> This condition creates, for some, a vulnerability to and dependence upon external sources of labelling, many of which communicate a stereotyped, negative message of the elderly as in poor health, incompetent and useless.<sup>7</sup>

Although there are distinct indicators of increased interest and participation in healthful physical activity and sport, fewer than twenty per cent of Americans over the age of sixty-five are as physically active as they could be for optimal functioning.<sup>8</sup> Older women, particularly, are under-represented among today’s active elderly. While health limitations clearly have a direct influence on their physical activity patterns, perceived barriers to health and strongly held beliefs about the potential risks of vigorous exercise during old age seem to remain salient among many elderly women.<sup>9</sup> Indeed, it is a paradox that one of the main reasons given by elderly women for not being more physically active is their

3. James S. Goodwin, “Knowledge about Aging among Physicians,” *Journal of Aging and Health* 1(1989): 234-243; J. Gale and B. Livesley, “Attitudes Towards Geriatrics,” *Age and Aging* 3 (1974): 49-53; Doctors a century ago similarly believed that, for a person in the seventies, “it is not worth while to make any great sacrifice in the way of money and associations to go in search of health . . .” James Faugeres Bishop, M.D., “The Relation of Old Age to Disease, With Illustrative Cases,” *The American Journal of Nursing* 9 (June 1904): 679.

4. Gerald J. Gruman, “Cultural Origins of Present-Day Age-ism: The Modernization of the Life Cycle,” in Stuart F. Spicker, Kathleen M. Woodward and David D. Van Tassel (eds.), *Aging and the Elderly: Humanistic Perspectives in Gerontology* (New Jersey: Humanities Press, 1978), 363; Robert N. Butler, *Why Survive? Being Old in America* (New York: Harper and Row, 1975); Robert Kastenbaum, “Exit and Existence: Society’s Unwritten Script for Old Age and Death,” in David D. Van Tassel (ed.), *Aging, Death and the Completion of Being* (Philadelphia: University of Pennsylvania Press, 1979), 69-96.

5. Peter Laslett, *A Fresh Map of Life: The Emergence of the Third Age* (London: Weidenfeld and Nicolson, 1990).

6. Ernest W. Burgess (ed.), *Aging in Western Societies* (Chicago: University of Chicago Press, 1960), 20-21; Alex Comfort, *The Biology of Senescence* (New York: Rinehart, 1956), 37-41, 138-39.

7. J.A. Kuypers and V.L. Bengston “Social Breakdown and Competence: A Model of Normal Aging,” *Human Development* 16 (1973): 181-201.

8. Rod K. Dishman, “Determinants of Physical Activity and Exercise for Persons 65 Years of Age or Older,” in Waneen W. Spirduso and Helen M. Eckert (eds.), *Physical Activity and Aging* (Champaign, Ill: Human Kinetics, for the American Academy of Physical Education, 1989), 140-162; see also, Centers for Disease Control, “Sex-, Age- and Region-Specific Prevalence for Sedentary Lifestyle in Selected States in 1985—The Behavioral Risk Factor Surveillance System,” *Morbidity and Mortality Weekly Reports* 36 (1987): 195-198, 203-204; T. Stephens, C. L. Craig and B. F. Ferris, “Adult Physical Activity in Canada: Findings from the Canada Fitness Survey 1,” *Canadian Journal of Public Health* 77 (1986): 285-290; Health and Welfare Canada, *Canada’s Health Promotion Survey: Technical Report*, ed. Irving Rootman, Reg Warren, Thomas Stephens and Larry Peters, (Ottawa: Ministry of Supply and Services, Canada, 1988); A. C. Ostrow, *Aging and Motor Behavior* (Indianapolis: Benchmark Press, 1989), Part V.

9. Helen M. Heitmann, “Older Adult Physical Education: Research Implications for Instruction,” *Quest* 34 (1982): 34-42; A. Ostrow and D. Dziewaltowski, “Older Adults’ Perceptions of Physical Activity Participation Based on Age-Role and Sex-Role Appropriateness,” *Research Quarterly for Exercise and Sport* 57 (1986): 167-169.

declining health and the perception that they are "too old," while at the same time scientific research increasingly demonstrates that one of the certain benefits of physical activity is health improvement.<sup>10</sup>

It is a further paradox that, while women have proven more durable than men from a physiological standpoint, they have done so in a culture which, until recently, has encouraged them to take on the characteristics of aging too readily.<sup>11</sup> Despite their superiority in living longer than men (even in pre-industrial western society female life expectancy was eight months longer than that of males),<sup>12</sup> women have, especially since the late nineteenth century, often been considered old and frail earlier than men, pressed to retire sooner than men, and generally viewed as less useful and less capable of dealing with the vicissitudes of aging.<sup>13</sup>

There is evidence that women continue to internalize such beliefs as they age. The substantial improvements in the health status of elderly women since the turn of the century have not necessarily been accompanied by a similar level of improvement in subjective feelings about health and well-being. Older women are reporting higher rather than lower rates of disability, symptoms and general dissatisfaction with their health.<sup>14</sup> Furthermore, they consistently rate their health more poorly than do men, and they hold stronger beliefs than men in the merits of restricted physical activity.<sup>15</sup> As the gap between objective health status and subjective well-being (which is an important motivation to exercise) remains wide, medical sociologists seek to explain why elderly women continue to adopt a "sick role" so readily regardless of their actual state of health.<sup>16</sup>

Society's current preoccupation with physical fitness provides a partial explanation, for paying constantly increasing attention to one's body and its health and fitness can negate real gains in health by leading people to assess their health more negatively. "Bodily awareness, self-consciousness and intro-

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10. See, for example, Louis Harris and Associates (eds.), *The Perrier Study: Fitness in America* (New York: Great Waters of France Inc., 1979); Joan L. Duda and M. K. Tappe, "Personal Investment in Exercise Among Adults: The Examination of Age and Gender-Related Differences in Motivational Orientation," in Ostrow, *Aging and Motor Behavior*, 239-255.

11. Peter N. Stearns, "Old Women: Some Historical Observations," *Journal of Family History* 5 (1980): 44-57.

12. Stearns, "Old Women," 46.

13. Stearns, "Old Women," 48, notes that "with a few limited exceptions, no serious improvement in the articulated view of old women can be noted from 1800-1950 despite their rapidly-increasing numbers." T. Sommers, "Women and Aging: More on the Double Standard," in M. A. Suseelan (ed.), *Resource Book on Aging* (New York: United Church Board, 1981), 31-34; Susan Sontag, "The Double Standard of Aging," in V. Carver and P. Liddiard (eds.), *Aging Population: A Reader and Resource Book* (New York: Holmes and Neier, 1979), 72-80; R. Mowseian, *Rusted Realities: Work and Aging in America* (Far Hills, New Jersey: New Horizon Press, 1986).

14. Lois M. Verbrugge, "The Twain Meet: Empirical Explanations of Sex Differences in Health and Mortality," *Journal of Health and Social Behavior* 30 (1989): 296; Judith H. Hibbard and Clyde R. Pope, "Gender Roles, Illness Orientation and Use of Medical Services," *Social Science and Medicine* 17 (1983): 129-37.

15. Walter R. Gove and Michael Hughes, "Possible Courses of the Apparent Sex Differences in Physical Health: An Empirical Investigation," *American Sociological Review* 44 (1979): 126-46; David Mechanic, "Comment on Gove and Hughes," *American Sociological Review* 45 (1980): 513-14.

16. Verbrugge, "The Twain Meet"; see, for example, David Mechanic, *Medical Sociology*, 2nd ed. (New York, Free Press, 1982); Sol Levine, "The Changing Terrains in Medical Sociology: Emergent Concern With Quality of Life," *Journal of Health and Social Behavior* 28 (1987): 1-6; Joann M. Trypuc, "Women's Health," in B.S. Bolaria and H.D. Dickinson (eds.), *The Sociology of Health Care in Canada* (Toronto: Harcourt Brace, Jovanovich, 1988), 154-166.

spection are associated with a tendency to amplify somatic symptoms inducing worry about health where before there was none.<sup>17</sup> A more complex explanation locates a deepening or a hardening of negative attitudes toward the physical capabilities of the elderly, especially aging women, in the last decades of the nineteenth and early years of the twentieth century. During these years, American middle-class society more readily conceived of aging as a distinct period of life characterized by decline, weakness, and obsolescence, rather than accepting it as a natural process of continuous development and maturity. The professions, particularly the medical profession, played a key role in articulating the unique and generally uninviting conditions of a "stage of old age." They assisted in promoting societal recognition and a large measure of popular acceptance for the view that old age was a disease, a perilous condition, requiring cautious age-appropriate and gender-appropriate behavior and close medical supervision.

This paper examines the impact of developing medical conceptions of the body in the nineteenth century upon the formation of negative stereotypes of aging and explores why social limits defining the ways in which old people could be independent and physically active were imposed more readily upon aging women than aging men. In particular, it focuses upon the role that shifting medical paradigms of the workings and treatment of the body played in shaping our cultural image of old men's and women's physical capabilities.

### *The Role of the Medical Model of Aging in Shaping Negative Attitudes Toward Old Age*

It is impossible to discuss old age in the present without describing its past. And in these descriptions there is a body of beliefs, often implicit, which comprises a coherent idea of the modern history of old age.<sup>18</sup>

The special consequences of the aging process have only recently become the focus of sustained study by historians.<sup>19</sup> Those attempting to explain the evolution of negative attitudes toward the elderly, while disagreeing upon a precise time line, generally agree that the prestige of the aged has rarely been high in western society and that an increasingly negative image of the elderly has emerged during the last two centuries.<sup>20</sup> Fischer, for example, has claimed

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17. Arthur J. Barsky, "The Paradox of Health," *The New England Journal of Medicine* 318 (1988): 414; John L. McKnight, "Well-Being: The New Threshold to the Old Medicine," *Health Promotion* 1 (1986): 77-80.

18. David Hackett Fischer, *Growing Old in America* (New York: Oxford University Press, 1977): 20.

19. History's tendency, says Simone de Beauvoir, has been to exclude both older people and women, on the assumption that history (or at least what matters in history) is made largely by young or middle-aged men. *Old Age* (London: Harmondsworth, 1970). This is particularly so in the case of old women, for most historians of the social aging process have focused upon the experiences of old men. The experiences of aging women have not been examined systematically by either historians of aging or feminist historians. Older women are virtually nonexistent in written history says Dale Spender, *Women of Ideas-And What Men Have Done to Them From Aphra Behn to Adrienne Rich* (London: Routledge and Kegan Paul, 1982); Majorie C. Feinson, "Where are Women in the History of Aging," *Social Science History* 9 (1985): 429-452; J. Roebuck, "The Invisible Woman is a Little Old Lady: The Need for Change in Assumptions and Paradigms," Paper presented at the 37th Annual Meeting of the Gerontological Society of America (San Antonio, TX, 1984).

20. Haber suggests that those historians who have discerned a radical and sudden change in American social perceptions toward the elderly at selected "crucial" periods, may well have overlooked long existing negative

that even if it could be argued that there was a golden age for old people in days gone by, towards the end of the eighteenth century a revolutionary change in age relations was already beginning to occur.

To be sure, assumptions emanating from Renaissance humanism and the Enlightenment had cast a positive view upon aging as a process of development toward maturity, wisdom and superiority supported by appropriate attention to the use of the Galenic-Arabic "six things non-natural."<sup>21</sup> The doctrine of the non-naturals (air for breathing, food and drink, exercise, sleep, evacuation and control of the passions) had provided a coherent view for eighteenth century discussions of health and hygiene based upon the view that man lived in harmony with the natural world.<sup>22</sup> Medicine might assist in curing disease and dealing with the contra-naturals, but the individual was to take charge of the non-naturals, to put off the infirmities of old age and prolong life where possible by following a reasoned course of action. For the elderly, viewed from nature's perspective as essentially "cold" and "dry," a regimen was needed to emphasize the "warm" and the "moist," a "springlike regimen, vivifying but not excessive." The sexes too were seen to differ in their needs. Men were "robust and healthy," women "feeble and delicate," and each required regimens defined by their different social roles.<sup>23</sup> The pursuit of well-being was thus an individual matter as was age, gender, and of course class-specific since few could afford the luxury of a healthy and organized life. Nor was the physician expected to supervise personal regimens, for at best he might ignore or underestimate the

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attitudes toward age. "There have always been old persons whose age brought them ridicule and contempt." Carole Haber, *Beyond Sixty-Five: The Dilemma of Old Age in America's Past* (Cambridge: Cambridge University Press, 1983), 131. Stearns and Thomas for example, reject the view that there was once a golden view of aging. There is no sign, says Stearns, at any level of culture save the monastic, that the prospect of old age held any lure for adults in pre-industrial society. Peter N. Stearns. "The Modernization of Old Age in France: Approaches Through History," *International Journal of Aging and Human Development* 13 (1981): 297-315. Says Thomas, most seventeenth and eighteenth century writers took it for granted that "old age was a wretched time of physical deterioration," and portrayed the aged as "peevish, forgetful, covetous, garrulous and dirty." Keith Thomas, "Age and Authority in Early Modern England," *Proceedings of the British Academy* 62 (1976): 244. Most likely, concludes Quadagno, the prestige of the aged was never universally high and any veneration of old age tended to be reserved for a wealthy elite. Jill Quadagno, *Aging in Industrial Society. Work, Family and Social Policy in Nineteenth Century England* (New York, Academic Press, 1982), 12; See also, W. Andrew Achenbaum, "Further Perspectives on Modernization and Aging," *Social Science History* 6 (1982): 347-368; Michael Dahlin, "Perspectives on the Family Life of the Elderly in 1900," *The Gerontologist* 20 (1980): 99-107.

21. During the Enlightenment, which adapted the classical model of the four ages of man from Hippocrates, Aristotle and Galen, life was viewed as a continuous pattern of development. Early life was seen as a preparation to the formation of the wisdom, status and wealth which came with age and maturity. Among the best original accounts of prolongevity hygiene is that of Italian Renaissance humanist and wealthy Venetian, Luigi Cornaro (1464-1566). In *La Vita Sobria*, Cornaro explained how the long years of old age, assisted by appropriate regimen and hygiene, could be a great blessing, permitting the forming of true wisdom, virtue, honour, and wealth. Luigi Cornaro, *The Art of Living Long. A New and Improved English Version of the Treatise by the Celebrated Venetian Centenarian Louis Cornaro With Essays by Joseph Addison, Lord Bacon and Sir William Temple* (Milwaukee: William F. Butler, 1905); W. B. Walker, "Luigi Cornaro, a Renaissance Writer on Personal Hygiene," *Bulletin of the History of Medicine* 28 (1954), 525-538. For an excellent discussion of the entire tradition of the Non-Naturals see Jack W. Berryman, "The Tradition of the "Six Things Non-Natural": Exercise and Medicine From Hippocrates Through Ante-Bellum America," *Exercise and Sport Sciences Reviews* 17 (1989): 515-559; also, W. Coleman, "Health and Hygiene in the *Encyclopedic: A Medical Doctrine for the Bourgeoisie*," *Journal of the History of Medicine* 29 (1974): 399-421; Gerald J. Gruman, "The Rise and Fall of Prolongevity Hygiene: 1558-1873," *Bulletin of the History of Medicine* 35 (1961): 221-29.

22. Oswei Temkin, *The Double Face of Janus and Other Essays in the History of Medicine* (Baltimore: The Johns Hopkins University Press, 1977).

23. Coleman, "Health and Hygiene," 412.

importance of hygienic practice and the healing power of nature, while at worst withholding such vital precepts in order to ensure his continued prosperity.<sup>24</sup>

The notion that the individual was responsible only to himself in ensuring a long and healthy life, however, was increasingly challenged as the eighteenth century drew to a close. The period of the French and American revolutions, notes Fischer, was a time of social revolution in attitudes toward the role of the individual and the state in which hopes for state action on behalf of public welfare replaced the emphasis on individual responsibility.<sup>25</sup> This assisted in undermining the traditional system and authority of age relations and provoked an increasing hostility toward old age. Although an apparent semblance of age equality was introduced, beneath the surface “a new sort of inequality was being born, a new hierarchy of generations in which youth acquired the moral advantage that age had lost.”<sup>26</sup> By the 1820s, suggests Fischer, an increased antipathy toward the aged and their needs and abilities was becoming apparent.<sup>27</sup>

Changing perceptions about the aging process were fostered particularly by the dissemination of new scientific understandings about the human body. The positive connotation given to the possibilities of healthy old age by eminent American physicians such as Benjamin Rush in 1797 in his *Medical Inquiries and Observations* was challenged by new scientific research in the first half of the nineteenth century, especially the clinical studies of a group of pathologists at the Paris School of Medicine, who were investigating the body in an entirely new way.<sup>28</sup>

Influenced by the philosophy of Descartes, who saw the world as a machine composed of inert bodies, moved by physical necessity and indifferent to the existence of thinking beings, positivistic mechanical science began to emphasize the importance of empirical observation and the physical causation of observed phenomena.<sup>29</sup>

24. Coleman, “Health and Hygiene,” 403.

25. George Rosen, *A History of Public Health* (New York: M.D. Publications, 1958), 161-70.

26. Fischer, *Growing Old*, 78.

27. Fischer, *Growing Old*, 101.

28. Benjamin Rush, “An Account of the State of the Body and Mind in Old Age and Observations Upon its Diseases and Remedies,” in Rush, *Medical Inquiries and Observations* (Philadelphia: Thomas Dobson, 1797), 31; The body became viewed as the site of specific diseases to be detected objectively by the Doctor. S. J. Reiser, *Medicine and the Reign of Technology* (Cambridge: Cambridge University Press 1978).

The analysis of the way the body and its capabilities is seen, described and construed by society has been termed “political anatomy” by Michel Foucault in *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage/Random House, 1979). Foucault’s analysis of the developing role of medical knowledge in describing and constructing the body as an invariable biological reality complements Stone’s historical perspective on the powerful role of emerging individualism in western society. Lawrence Stone, “Walking Over Grandma,” *New York Review of Books* 24 (May 1977): 10-16; “Growing Old: An Exchange,” *New York Review of Books* 24 (September 1977): 48. Foucault linked developing individualism in late eighteenth century France with an emerging concept of the body as concrete, objective and analyzable. The ordinary individual emerged in, and was fabricated by, the discourse of the age allowing the study of the individual in the form of the human sciences to become a possibility. David Armstrong, *Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century* (Cambridge: Cambridge University Press, 1983) 4; See also, Edwin H. Ackerknecht, *Medicine at the Paris Hospital, 1794-1848* (Baltimore: Johns Hopkins University Press, 1967).

29. R. Descartes, *Discourse on Methods*, Trans. L. J. Lafleur (The Liberal Arts Press, 1950, Original French Edition, 1637); R. S. Westfall, *The Construction of Modern Science: Mechanisms and Mechanics* (Cambridge: Cambridge University Press, 1977); L. Mumford, “The Myth of the Machine,” in *The Pentagon of Power*, Vol 2 (New York: Harcourt, Brace Jovanovich, 1964); G.A. Lindeboom, *Descartes and Medicine* (Amsterdam: Editions Rodopi, 1978).

Nature was perceived in mechanistic terms, which led in biology to the idea that a living organism could be regarded as a machine which might be taken apart and reassembled if its structure and function were fully understood. In medicine, this same concept led further to the belief that an understanding of disease processes and of the body's response to them would make it possible to intervene therapeutically, mainly by physical (surgery), chemical or electrical methods.<sup>30</sup>

For early nineteenth century medical researchers, the idea of placing an emphasis on underlying causation allowed and directed the search for specific diseases and encouraged objective empirical exploration of the physical body. In particular, "studies in anatomy and physiology served to demonstrate the power of empirical investigation and mechanical explanation, often contradicting established wisdom about the body that dated back to Aristotle and Galen."<sup>31</sup> Medical clinicians began to see a body which had a new anatomy, and to liken this body to a machine which could be controlled by the application of emerging, objective scientific knowledge. Both the reduction inherent in the machine model and the dualism it generated led inexorably to narrow analyses of disease causality.<sup>32</sup>

The disease theory provided both a common basis of understanding for doctors, and a basis for bringing science to bear on the problems of medicine.<sup>33</sup> A mechanistic, empirical view of the human body provided an appropriate foundation for the emerging paradigm of the specific etiology of disease. By the late nineteenth century, the germ theory of disease had gained credibility as a result of research done by bacteriologists such as Koch and Pasteur, leading medical scientists to assume that the specific cause of disease could invariably be located in the body's cellular and biomedical systems.<sup>34</sup>

There were two serious weaknesses in this unifactorial model of disease, however. One was the view that each disease had only one cause; the second was a dependence on the idea that all changes in function were referable to changes in structure (i.e., when something was wrong a disease could be identified). Such conceptions worked directly against the "physiological" view of disease as a generalized phenomenon put forward by Galen, Hippocrates and Aristotle; a view which saw the origins of disease in an imbalance of the natural forces within and outside the person.<sup>35</sup> Although the concept of a unique cause of

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30. T. McKeown, *Medicine in Modern Society* (London: Allen and Unwin, 1965) 38.

31. Samuel Osherson and Lorna AmaraSingham, "The Machine Metaphor in Medicine," in E. G. Mischler, L. AmaraSingham, S. Hauser, R. Liem, S. Osherson and N. E. Waxler, *Social Contexts of Health, Illness and Patient Care* (Cambridge: Cambridge University Press, 1981) 223; Sylvia Noble Tesh, *Hidden Arguments: Political Ideology and Disease Prevention Policy* (New Brunswick: Rutgers University Press, 1988) 167-172.

32. Tesh, *Hidden Arguments*, 168; See also, R. C. Lewontin, Steven Rose and Leon J. Kamin, *Not in Our Genes: Biology, Ideology and Human Nature* (New York: Pantheon, 1984); Vicente Navarro, *Crisis, Health and Medicine* (New York: Tavistock Publications, 1986).

33. Eric J. Cassell, "Ideas in Conflict: The Rise and Fall (and Rise and Fall) of New Views of Disease," *Daedalus* 115 (1986): 22.

34. Koch, Pasteur and other bacteriologists successfully isolated specific bacteria as the etiologic agents in several infectious diseases, many of which took a particular toll upon the elderly. See, Howard Waitzkin, *The Second Sickness* (New York: The Free Press, 1983); Marc Renaud, "On the Structural Constraints to State Intervention in Health," *International Journal of Health Services* 5 (1975): 139; Jeremy L. Avorn, "Medicine, Health and the Geriatric Transformation," *Daedalus* 115 (1986): 211-225.

35. Robert P. Hudson, *Disease and Its Control: The Shaping of Modern Thought* (Westport, CT: Greenwood Press, 1983).

disease eventually proved inadequate to explain those factors within and outside of the person which affected his or her condition, it nevertheless persisted by focussing medical attention upon the repair of the parts of the body machinery rather than upon the whole person in his or her environment. The search for altered structure to locate disease similarly proved to be inadequate (though tenacious) in view of the many cases where disease seemed to be present without an alteration in structure.

Strong foundations of the disease theory of medicine and its implications for changing conceptions of old age were thus being developed during the nineteenth century by clinicians focussing upon structural abnormalities of the body. Through autopsies performed on the elderly, medical researchers revealed specific disease entities of old age, which suggested to them that senescence was much more than just a last gasp of energy before the vital force was spent. "Merely by growing old, the elderly appeared to have developed the external symptoms and internal lesions that were the signs of specific, debilitating illnesses."<sup>36</sup> This view of "senile pathology" was bound to challenge more benign assumptions of aging, for if disease was a pathological condition of the elderly, then old people, even in apparent good health, were doomed to decreasing productivity and certain deterioration.<sup>37</sup> Furthermore, the potential efficacy of known therapeutic measures was clearly called into question.

Though well informed by the French experts about the distinctive pathologies of senescence, many physicians simultaneously retained a strong belief in ancient vitalist theories which described old age as a time of depleted vital energy about which very little could be done if it had been poorly husbanded and already spent:

Although pathological studies could be interpreted as replacing vital energy with mechanical or chemical processes, most English and American medical writers seemed to find no conflict between the clinical-pathological views and the age-old metaphoric model of aging. In their texts, the two theories were neatly combined: The tissue or cell degenerated while the organism systematically wasted away.<sup>38</sup>

Loss of energy could thus explain pathological changes as well, hence the notion of vital energy, based upon Newtonian principles which saw the body as a discrete energy field, remained an essential aspect of an American view of aging increasingly focussed upon pathology.<sup>39</sup> Once force had been expended in one function, it was no longer available to any other. If some doctors questioned why the active seemed to live longer than the very inactive, despite having "spent" more energy, such an inconsistency caused few establishment physicians to abandon the notion that physical and mental activity used up the fixed

36. Erwin H. Ackerknecht, "Hygiene in France, 1815-1848," *Bulletin of the History of Medicine* 22 (1948): 122ff; Haber, *Beyond Sixty-Five*, 60; Temkin, *The Double Face of Janus*, 429-30.

37. Bernard Van Oven, *On the Decline of Life in Health and Disease* (London: John Churchill and Sons, 1853); J. M. Charcot and A. Loomis, *Clinical Lectures on the Diseases of Old Age* (New York: William Wood and Co., 1881), 20; J. W. Bell, "A Plea for the Aged," *Journal of the American Medical Association* 33 (1899): 1136-38.

38. Harry Campbell, "Correspondence—the Cause of Senile Decay," *The Lancet* 2 (August 1905): 403; Haber, *Beyond Sixty-Five*, 65.

39. I. Newton, *The Mathematical Principles of Natural Philosophy* (London, 1686).

amount of energy apportioned for the life-span. The body, drained of energy wasted away as it aged even as the body deteriorated and degenerated from pathological changes. Drained of energy, the senses dimmed, motor skills weakened, and debilitation and disease inevitably followed. Indeed, lack of energy in the aged rendered them special prey to numerous fatal diseases. Dr. J. M. French wrote of the exhaustion of the sum of human energy in late age. "The old man's bank is already overdrawn," he said, "and he is living from hand to mouth."<sup>40</sup>

Once perceived as an object, the medicalized body was understood to require outside medical management, subject to the authority of an objective observer who could "read" the story of pathological causality into the aging individual's experience. "Advanced old age, which had earlier been regarded as a manifestation of survival of the fittest was, by the late nineteenth century, denigrated as a condition of dependency and inexorable deterioration."<sup>41</sup> While advocates of prolongevity and promoters of the use of the non-naturals in enhancing the quality of life and extending the life span continued to be popular at many levels of society,<sup>42</sup> a growing number of doctors focussed upon ways of dealing with the "disease" of old age and its ramifications in both men and women. The notion of unavoidable and irreversible senility in the worn-out body machine became well established in the medical literature and many of the medical community no longer seemed inclined to differentiate between normal old age and pathological infirmity.<sup>43</sup>

### *The Social Construction of Old Age*

The mechanical model used by physicians to view the aging body was particularly appropriate to a rapidly industrializing society. The notions of specialization and standardization that were advanced by industrialization derived their roots and legitimacy from the machine model of humanity and society where individuals were regarded as interchangeable parts of a whole within the machine of the factory (or society) which would wear out from prolonged use.

Achenbaum claims that the forces of modernization reinforced negative views of old age which had already been set in motion by social and intellectual forces earlier in the century. The decline in the status of the elderly grew steadily worse as a result of social Darwinism and accelerated industrialization. The years between 1865 and 1914, he suggests, became a further significant transitional period during which a deeper consciousness of old age and its problems

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40. J.M. French, "Food and Hygiene in Old Age," *Journal of the American Medical Association* 19 (1892): 596; see also Cohn A. Scott, "Old Age and Death," *The American Journal of Psychology* 8 (October 1896): 67.

41. Tamara K. Hareven, "The Life Course and Aging in Historical Perspective," in T. K. Hareven and K. J. Adams (eds.), *Aging and Life Course Transitions: An Interdisciplinary Perspective* (New York: The Guildford Press, 1982): 12.

42. Gruman, 'Cultural Origins.'

43. Charcot and Loomis, *Clinical Lectures*; S. N. Leo, "A Consideration of the Senile State and its Treatment," *New York Medical Journal* 74 (1906): 1226; F. N. Brown, "Some Observations Upon Old Age and its Consequences," *The Providence Medical Journal*, 10 (1909): 91.

emerged and gerontophobia became progressively more intense.<sup>44</sup> While social Darwinism gave rise to descriptions of society as continually “progressing” with time and age, this assumption was not extended to aging individuals. Positivist social thought, prevalent in Victorian Britain, Bismarckian Germany and America after about 1876, generated a model of society where the young, due to the march of progress, were considered superior to their elders. Since evolutionary progress, to the new scientific professionals and experts of efficiency was seen to be directly related to higher productivity, this was bound to work against those who were considered to be no longer at the peak of their productive powers. Adult maturity and healthful vigor were increasingly conceived of in terms of productive efficiency. The aging individual, lacking the ability to produce, was no longer of use to the evolution of the species and was increasingly viewed as programmed for death.<sup>45</sup>

The demographic, social and economic transformation of the nineteenth century accelerated an alteration in the position of the old and helped to further shape the culture’s perception of the last stage of life.<sup>46</sup> Public concern for the phenomenon of old age stimulated a growing body of new professionals, who were bent upon defining and dealing scientifically with emerging social progress, to categorize old age as a discrete social problem directly related to the dislocation caused by a modernizing society. “The socio-economic problem of the old man or woman as we know it,” wrote Rubinow, “is specifically a problem of modern society, a result of the rapid industrialization within the last century.”<sup>47</sup>

While urbanization and industrialization combined to erode some of the traditional support systems of the elderly and to exacerbate their loss of independence, changing occupational structures further penalized aging workers who became steadily unemployed as manufacturing and mechanical jobs requiring special skills became more important. A person in old age, said Quetelet “was far less likely to be productive, creative or agile.”<sup>48</sup> Increasingly, it seemed, the old were perceived as weak and incapable of learning new skills while the fast pace of industrial work was thought to wear people out more quickly.<sup>49</sup> “Since there was little scientific verification of such theories . . . one

44. W. Andrew Achenbaum, “The Obsolescence of Old Age in America, 1865-1914,” *Journal of Social History* 8 (1974): 48-62; *Old Age in the New Land* (Baltimore: Johns Hopkins University Press, 1978).

45. The mortalist theories of geneticist, August Weismann are discussed in Gruman, “Cultural Origins,” 364; See also, Prof. Minot, “Senescence and Rejuvenation,” *Journal of Physiology* 14 (1891): xii.

46. The percent of the population over 60 increased during the nineteenth century from about 4% in 1830 to 6.4% in 1900. Achenbaum, *Old Age in the New Land*, 60; Declining mortality rates between 1830 and 1920 increased the proportion of women surviving to sixty. Peter Uhlenberg, “Changing Configurations of the Life Course,” in T. K. Hareven (ed.), *Transitions: The Family and the Life Course in Historical Perspective* (New York: Academic Press, 1978): 89; Peter Uhlenberg, “A Study of Cohort Life-Cycles: Cohorts of Native-Born Massachusetts Women, 1830-1920,” *Population Studies* 23 (1974): 274-75. Howard Chudacoff, “The Life Course of Women: Age and Age Consciousness, 1865-1915,” *Journal of Family History* 5 (1980): 286.

47. I. M. Rubinow, *Social Insurance* (New York: Henry Holt and Co., 1934), 302.

48. L. A. Quetelet, *A Treatise on Man and the Development of his Faculties* (Edinburgh: William and Robert Chambers, 1842) v; See also, Erwin A. Ackerknecht, “Villermé and Quetelet,” *Bulletin of the History of Medicine* 26 (1952): 317-29.

49. R. C. Atchley, “Retirement as a Social Institution,” *Annual Review of Sociology* 8 (1982): 263-87.

had to encounter only occasional cases of debility among older workers to reinforce the notion that they could not keep up.”<sup>50</sup> The older a worker was, the sicker he would get. Thus, an individual’s productive power was perceived to rise and decline according to age rather than ability. It became standard practice by the 1890s for some industries to demote or shut out older workers.<sup>51</sup> “Out of the factory and off the judicial bench,” the old were to disengage.<sup>52</sup>

Dr. William Osler confirmed this negative assessment of the old as unproductive and devoid of energy in a much quoted farewell address to the Johns Hopkins University in 1905. “The effective, moving, vitalizing work of the world [was] done,” he said, “between the ages of twenty-five and forty years . . . the anabolic or constructive period in which there is always a balance in the mental bank and the credit is still good.” While men above forty were comparatively useless, once they were over sixty, they were absolutely useless and “it would be of great benefit to society if all men stopped work at that age.”<sup>53</sup>

In a world increasingly dedicated to the doctrine of youthful masculinity and the strenuous life, the outlook for the elderly male was indeed tenuous. The similes of social mortalism pronounced by Theodore Roosevelt—“rust, feebleness, flabbiness and decadence,” all pointed up the perceived growing menace of age and decline. Roosevelt, for example, condemned those elderly men who were “mere lumberers of the earth,” and no longer “fit to break through the routine and to show . . . extraordinary energy . . . initiative . . . and willingness to accept responsibility.”<sup>54</sup> There was nothing, said Dr. Stockton, “to replace the effort of a man under forty.”<sup>55</sup>

### *The Special Circumstances of Aging Women*

Attitudes toward the aging female body were profoundly influenced in the nineteenth century by the machine paradigm of the body and the idea that an old and less efficient apparatus was of little use to society. While William Osler viewed all men over sixty as old and absolutely useless to society, the medical literature tended to characterize women as old and useless at an even earlier stage, the time when she could no longer bear children. A woman’s social role was largely terminated once her work of childbearing and rearing was done. In an era that extolled the virtues of the machine, “woman, as reproductive vehicle, came increasingly under scrutiny as the forces of production and

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50. Atchley, “Retirement,” 269-70.

51. Daniel Maclachlan, *A Practical Treatise on the Diseases and Infirmities of Advanced Life* (London: John Churchill and Sons, 1867), 37; John Bell, *On Regimen and Longevity* (Philadelphia: Haswell and Johnson, 1842), 394-96; Gruman, “Cultural Origins,” 368.

52. Hillel Schwarz, *Never Satisfied: A Cultural History of Diets, Fantasies and Fat* (New York: The Free Press, 1986), 71.

53. William Osler, “The Fixed Period,” *Aequanimitas: With Other Addresses*, 3rd ed. (Philadelphia: Blakiston, 1932), 381-2.

54. Theodore Roosevelt, *The Strenuous Life: Essays and Addresses* (New York: Century, 1903), 221-23; for the growing antithesis toward age at this time see also W. Andrew Achenbaum, “America as an Aging Society: Myths and Images,” *Daedalus* 115 (1986): 13-30.

55. Charles G. Stockton, “The Delay of Old Age and the Alleviation of Senility,” *Journal of the American Medical Association* 45 (1905): 165.

reproduction were drawn into ideological alignment.”<sup>56</sup> Men were perceived to be old when they could no longer do their work; women were presumed to be old when “the noblest aim of their existence,” childbearing and rearing was over.<sup>57</sup>

Since menopause marked the end of reproduction, which was woman’s chief work, attitudes toward that event reflected a woman’s status in society and equated her completed work with a used-up body and a finished life. After menopause,

The body itself does not long delay entering into decrepitude, and soon we see the woman-once so favoured by nature when she was charged with the duty of reproducing the species-degraded to the level of a being who has no further duty to perform in the world.<sup>58</sup>

Women who survived beyond forty were persuaded that menopause marked the beginning of a period of depression, of heightened disease incidence and of early death.<sup>59</sup> The arrival of menopause, described by a number of popular medical text-books as a catastrophic experience, demonstrated that her body had run its useful course and begun its final decline.<sup>60</sup> Heralding an unpleasant train of symptoms and inconveniences to the system, it was a discrete event—an end to womanhood. Thus, for many middle-class women, the onset of menopause was understood to be the gateway to old age even though they themselves, and a number of doctors, could not help but observe that some women could live through it, live longer than men and indeed survive in better health than their elderly male counterparts.<sup>61</sup>

No one disputed the fact that the average woman was beginning to survive the average man, underlining, of course, the contradiction between the biological fitness of women and their social treatment as weak or inferior.<sup>62</sup> (Life expect-

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56. Mary Jacobus, Evelyn Fox Keller, Sally Shuttleworth, *Body Politics: Women and the Discourses of Science* (New York: Routledge, 1990) 5.

57. J. Roebuck, “When Does Old Age Begin? The Evolution of the English Definition,” *Journal of Social History* 12 (1978): 416-428; see J.A. and Olive Banks, *Feminism and Family Planning in Victorian England* (New York: Schocken Press, 1964). 61; Carroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Alfred A. Knopf, 1985) 191-96.

This presumption of women becoming old at menopause held across class lines, for even though middle- and working-class women were clearly situated in different relations to the labor market, both were subject to the dominant ideology of domesticity and woman’s reproductive role rather than her place in the labor market. Shuttleworth, in Jacobus, *Body Politics*, 53. For further discussion on the end of womanhood at menopause see Helene Deutsch, *Psychology of Women*, 2 vols. (New York: Grune and Staton, 1945), 46-47.

58. Augustus K. Gardner, *Conjugal Sins: Against the Laws of Life and Health and Their Effects Upon the Father, Mother and Child* (New York: J. S. Redfield, 1870), 150-51.

59. T. S. Clouston, *Clinical Lectures on Mental Discourse* (Philadelphia: Henry C. Lee’s Sons, 1884) 388.

60. Edward Tilt, *The Change of Life in Health and Disease* (New York: Bermingham and Co., 1882); B. F. Baer, “The Significance of Menorrhagia Recurring About or After the Menopause,” *American Journal of Obstetrics* 17 (1884): 461-62.

61. J. Madison Taylor, “The Conservation of Energy in Those of Advancing Years,” *Popular Science Monthly* 64 (1904): 541-9; Tilt, *The Change of Life*; Clouston, *The Hygiene of the Mind*, 230.

62. J. Holt Schooling, “A Woman’s Chance of Life,” *English Illustrated History* 19 (1898): 411; Jeanne Mager Stellman, *Women’s Work, Women’s Health: Myths and Realities* (New York: Pantheon Books, 1977). For examples of advancing female longevity, see George Murray Humphry, *Old Age: The Results of Information Received Respecting Nearly Nine Hundred Persons Who Had Attained the Age of Eighty Years* (Cambridge: Macmillan and Bowes, 1889), 13.

tancy for middle-class white American women at the end of the nineteenth century for example, was 51.08 years, while men could expect to live for 48.23 years).<sup>63</sup> The shorter life-expectancy of the male was believed by some physicians to be due to the strain of family responsibilities and anxieties of the business world which wore out the body machine. The risks of maternity, suggested Dr. Napheys "do not equal these peculiar perils of manhood."<sup>64</sup> More importantly, however, the reductionist underpinnings of the machine model of the aging body lent support to the medical notion that regardless of their current health status or expected life-span, once females had lost their main function at menopause, they entered senescence and decline and their normal physiological condition became pathological.

### *Prescriptions for Exercise in Old Age: Aging, Gender and Physical Activity*

Once the experts agreed that old age was a distinct and debilitating stage of existence, institutions and programs were increasingly designed to separate the old from the work, wealth and play of the younger generation. As the authority of medical pronouncements and industrial efficiency experts spread, it was no longer seen to be natural for older people to participate in physically demanding pursuits.

Not surprisingly, the more formal establishment medical literature providing advice about appropriate types of physical activity for old men and women reflected fatalistic medical connotations of aging as an irreversible state of debilitating illness and senility. "Gruesome and depressing as this medical advice was," commented G. Stanley Hall, "it had nevertheless a certain grim fascination to know what a cohort of disorders encamp about and prey upon the aged, any group of which is liable to assail and perhaps take the citadel of life by storm."<sup>65</sup>

Turn of the century medical literature confirmed that in many respects, the traditional humoral pathology of prolongevity hygiene proponents such as Italian Renaissance nobleman Luigi Cornaro was being superseded by the development of pathological anatomy and bacteriology and the revelation of complex forces causing disease on a microscopic level. Influenced by new disease concepts and the new methods of modern medicine the medical establishment insisted that it could no longer be maintained "that a man could have no better doctor than himself and no better medicine than the temperate life."<sup>66</sup> The emerging view of old age as a distinct and diseased life-stage thus required, not so much personal hygienic sagacity as age-appropriate, medically approved patterns of behavior.

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63. J. W. Glover, *United States Life Tables, 1890, 1901* (Bureau of the Census, Washington, D.C. 1921), 132-43; Louis I. Dublin, Albert J. Lotka and M. Spiegelman (eds.), *Length of Life: A Study of the Life Tables* (New York, Ronald Press 1936), 47-48, 57.

64. George Henry Napheys, *The Physical Life of Women: Advice to the Maiden, Wife and Mother* 2nd ed., (Philadelphia: G. Maclean, 1888), 290-94.

65. G. Stanley Hall, *Senescence: The Last Half of Life* (New York: D. Appleton and Co., 1922), 196.

66. Gerald J. Gruman, "The Rise and Fall of Prolongevity Hygiene, 1558-1873," *Bulletin of the History of Medicine* 35 (1961): 228.

Doctors such as J. W. Bell advised their colleagues to pay increased attention to senile pathology. In a speech to the 50th Annual Meeting of the American Medical Association in 1899, he encouraged fellow doctors to show more responsibility in advising and treating the problems of the aged in all aspects of their lives, including advice on physical activity.<sup>67</sup> Indeed, exercise prescriptions formed an important part of the lifestyle management advice given to those in advancing years. A man can take any reasonable form of exercise between the ages of eighteen and thirty without injury to his health, said Dr. Wainwright in the *Medical Record*, but it goes without saying that the aged “should undertake no violent exercise whatever. . . . If they are allowed any outdoor sport at all they should take gentle exercise involving only slow steady movements.” Only participation in those outdoor sports and activities which were possible without over-exertion was considered advisable to postpone senile decay and “the evil day of decrepitude.”<sup>68</sup>

Establishment physicians recommending exercise for hygienic purposes tended to accept that most of the debilities of aging could not be turned aside, but that some types of impairment might be slowed through appropriate activity, especially if it had been systematic from the early years. It is generally accepted, said Dr. Taylor, that “old people are unfit for activities and must do little or nothing but exist,” though he conceded “that the healthier and happier people are those who are reasonably active.” Carefully designed exercise prescriptions were clearly necessary. Any postponement of the degenerative effects of age “have much to do with the forms and qualities of the exercises. Free exercises in the open air, proportional to the capacities of the individual, are of the greatest importance and should be regulated with the same care . . . as any other medical measures.”<sup>69</sup> It was possible, therefore, that regular exercise with appropriate limits for aging men might delay the onset of degeneration, slowing the decline before the wheels of the machine finally stopped.<sup>70</sup>

Where women were concerned, establishment doctors were convinced that the perceived disorders of menopausal and aging women rendered them in special need of medical attention and protection at an earlier age than men. “All intelligent physicians,” claimed Dr. Napheys, knew that the change of life was particularly dangerous to women, and hence the years following that event required constant monitoring and systematic treatment.<sup>71</sup> Although old women might be in perfect health, old age alone signified disability. Activities that had once been easily performed were now viewed as the potential cause of serious infirmities. Aging women were perceived to be invalids in need of care, lacking the necessary vital energy to participate in onerous daily activities and requiring supervision in all lifestyle habits. An old woman’s blood, for example, was

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67. J. W. Bell, M.D. “A Plea for the Aged,” *Journal of the American Medical Association* 33 (1899): 1136-38.

68. Wainwright, “Exercise,” 706-7.

69. Taylor, “The Conservation of Energy,” 543, 546.

70. W. A. Brooks, Jr., M.D. “The Educational Aspects of Physical Training,” *Boston Medical and Surgical Journal* 132 (1895): 562-64.

71. Napheys, *The Physical Life of Women*, 292.

perceived to be thinner than a man's at birth and to have been weakened consistently with each birth and at every menstrual period.<sup>72</sup> It was also suggested that her shorter stature than the man's propelled her more rapidly along life's path to old age (less energy to spend on more reproductive demands), though allowed her to live somewhat longer (smaller frame required less of the energy left).<sup>73</sup> In the event that a well-regulated regimen might render her body less susceptible to senile illness, recommendations were made for women to avoid all severe mental or bodily effort or exhaustion. Over-exertion could easily lead to cardiac arrest, and a host of other life-threatening conditions.<sup>74</sup>

A careful therapeutic regimen was recommended for post-menopausal women in which a combination of rest and gentle exercise was designed to equalize the circulation of the blood and activate the natural body tendencies to prolong health and equilibrium as far as possible.<sup>75</sup> Although this was a similar medical regimen to that advocated for aging men, the difference lay in the application of conservative medical regimens at an earlier age for females than for males, socializing middle-class women, whilst still in their forties, to take on the characteristics of aging by disengaging from active pursuits and anxiously conserving their body machine.

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The mechanical model of the body and the "classical disease theory" thus provided the foundation and legitimization for the social construction of old age as a distinct life stage for men and women requiring similar mild dosages of physical activity and the circumscription of vigorous participation in life's affairs. Modernization and the drive to increase industrial efficiency had encouraged the application of a systems approach to managing society with its requirements for standardization and the application of the concept of macro-efficiency. This approach required the system to be managed according to standardized concepts and classifications rather than on the basis of individual characteristics or idiosyncratic features of man, woman and/or machine.

Scientific professionals and efficiency experts focussed upon the dominant functions of systems and groups, classifying people into appropriate categories with assigned tasks, and subjecting the life-course to increasing surveillance, control and normalization. This led to a much more extensive institutionalization of the life-course, which became socially structured into orderly sequences of psycho-social growth and development.<sup>76</sup> The elderly were firmly coded into a socially constructed stage of "old age" at the age when standardized informa-

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72. S. Weir Mitchell, *Doctor and Patient* (Philadelphia: J.B. Lippincott, 1888).

73. Humphry, *Old Age*, 13, used a large survey to explain that the superiority of female longevity was due to the result of the smaller machinery of her frame (which therefore used up less vital energy after her change of life though it used up more before).

74. Tilt, *The Change of Life*, 99.

75. Eugene Richards, "The Influence of Exercise Upon Health," *Popular Science Monthly* 29 (1886): 333; Clouston, *Hygiene of the Mind*, 277; Wainwright, "Exercise," 707; Taylor, "The Conservation of Energy," 547.

76. Mike Featherstone and Mike Hepworth, "Ageing and Old Age: Reflections on the Postmodern Life Course," in Bill Bytheway, Teresa Keil, Patricia Allatt and Alan Bryman, *Becoming and Being Old: Sociological Approaches to Later Life* (London: Sage Publications, 1990), 144.

tion suggested their functional utility was over. Men were classified as old when statistics or impressions of the “average” suggested they could no longer perform effectively in the work force and hence should be retired. (The retirement age for men would be pegged at sixty-five, in spite of the fact that many men worked long and successfully beyond that age).<sup>77</sup> By acknowledging the loss of the female’s reproductive system as the end of her productive efficiency, women were propelled into a socially constructed stage of old age at a substantially earlier age than men.<sup>78</sup> The role transition to becoming old could begin at forty-five or even earlier, even though it was clear at the individual level that many women could be and were vigorous and effective workers for years after menopause. Since the female might well live longer and was perceived to begin old age earlier than man, her stage of old age could be substantially longer than the male stage of old age. Yet, however long the stage, and however wide the differences in physical abilities, the prescription of rules concerning behavior in old age for women was almost identical to the advice provided to the much older group of “old men.” Old people as a “class” were to slow down, to rest and, in Gubrium’s terms, put on the mask of aging to confirm the acknowledged and standardized association between physical aging and decline.<sup>79</sup> Women, however, were to put the mask on sooner and more firmly than men.

One must agree, however, with Haber that neither prescriptive ideal nor social reality could have completely dictated how the elderly were perceived and treated.<sup>80</sup> Old people varied in their individual experience of work and recreation, health status, familial and economic situation, geographic setting and ethnic background. In both the medical and popular literature one could find descriptions of people who obviously had conceptions of age other than their chronological one, and whose physical behavior did not conform to the standardized norm for “old age.” There were remarkable (though not frequent) examples of longevity feats, septuagenarian pedestrians and cyclists, aged swimmers and gymnasts, and mountain climbing senescents.<sup>81</sup> Old people were not always content to be onlookers, and bicycling and golf were viewed as potentially appropriate for elderly citizens, despite the fact that caution was

77. Grmek notes that the medical tradition of setting sixty-five as the onset of old age originated from a work (1857-60) by a German physician, Lorenz Geist. Mirko D. Grmek, *Old Ageing and Old Age: Basic Problems and Historic Aspects of Gerontology and Geriatrics* (The Hague, Netherland: W. Junk, 1958), 24, 71; see also, William Graebner, *A History of Retirement: The Meaning and Function of an American Institution, 1885-1970* (New Haven, Conn: Yale University Press, 1970); Carol Haber, “Mandatory Retirement in Nineteenth-Century America: The Conceptual Basis For a New Work Cycle,” *Journal of Social History* 12 (1978): 77-96; Gail Buchwalter King and Peter N. Stearns, “The Retirement Experience as a Policy Factor: An Applied History Approach,” *Journal of Social History* 14 (1981): 589-625.

78. Retirement policies, for example at the progressive firm of Cadbury’s in England, set the retirement age in 1900 at ten years earlier for women than men. This was necessary, claimed the Company, because women “could not carry on so long.” J. Roebuck and J. Slaughter, “Ladies and Pensioners: Stereotypes and Public Policy Affecting Old Women in England, 1880-1940,” *Journal of Social History* 13 (1979): 105-114.

79. J. Ciubrium, *Old Timers and Alzheimer’s: The Descriptive Organization of Senility*. (Greenwich, Connecticut and London: JAI Press, 1986).

80. Haber, *Beyond Sixty-Five*, 174.

81. See, for example, Richard Cole Newton, “Age and Exercise,” *Journal of the American Medical Association* 53 (1909): 730-31; G. Stanley Hall, *Senescence*, 100-138, for a number of historical examples; Humphry, *Old Age*.

continually applied to “old people with their brittle vessels and degenerate muscles” who should avoid sudden strain, and elderly females who “might exaggerate and overdo the amount of exercise good for them.”<sup>82</sup> Golf especially held out promise as an “old man’s game” that “could be taken by anyone who can walk two miles in one hour.”<sup>83</sup>

While the Doctors did not subscribe wholeheartedly to the negative view of a run-down machine, avoiding the effort of life in an attempt to prolong it, the medical profession nevertheless had an important and lasting influence upon society’s view of the pathology of old age and the restrictions implied by this conception. The biomedicalization of aging, and the notion that women age and decline earlier than men inevitably influenced future views of sport and exercise for the elderly.

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82. M.E. Jersey, “Ourselves and Our Foremothers,” *The Nineteenth Century* 27 (1890): 61; W.H. Fenton, “A Medical View of Cycling for Ladies,” *The Nineteenth Century* 39 (1896): 799-800.

83. Professor Allbutt, “Athletics for the Aged,” *The Nation* 83 (1906): 116.