only comparatively recently have the fields of psychology and sociology turned their attention to the last half of the life cycle. Various psychosocial theories of aging are in evidence in the psychology and sociology literature. The nursing literature has been conspicuously lacking in explorations of these various theories.

Large numbers of the clients that nurses serve are elderly and since the expected life span is increasing, these numbers are likely to increase. Robert Butler states "Geriatrics seems destined to be even more important in tomorrow’s medical practice... in 40 years, the elderly may account for as much as 75% of the total time physicians spend with patients." The nurse, like the physician, will be increasingly involved with care of the elderly client. In view of these facts, the psychosocial development of the older adult is an important area of concern for the nurse.
In this paper I will present and examine three psychosocial theories of aging: activity theory, disengagement theory, and continuity theory. Because the continuity theory, as I will show later, seems to hold the most promise of explaining the full reality of aging, I will also address the nursing implications related to it.

Activity Theory

The activity theory is the most common theory evident in the literature. Yet it has received the least amount of formal consideration in terms of research. It is a common sense or lay theory which is reflected in legislation, newspaper and magazine articles, and service programs.

The optimal ager, according to the activity theory, is the person who stays active and manages to resist the shrinkage of his world. As roles change the individual finds substitutes for the activities involved in these roles.

With few exceptions, research has supported the hypothesis that activity throughout the life span seems to be an important determinant of life satisfaction. Most of this research has, however, been cross-sectional rather than longitudinal. For this reason, the findings have often been criticized as resulting from the design of the study. In addition, some studies have been clearly nonsupportive of the activity theory. Exceptions, supporting the theory, are two longitudinal studies, one by Maddox and one by Palmore.

A study done by Lemon, Bengston, and Peterson found that only social activity with friends was related to life satisfaction. This study and those coming from the Kansas City Adult Life Study which led to the development of a second theory, disengagement, raised serious questions concerning the adequacy of the activity theory.

Disengagement Theory

Disengagement theory was the first explicitly stated psychosocial theory of aging to appear in the literature. It holds that under normal conditions of health and economic independence, aging involves a neutral withdrawal or “disengagement” between the aging person and others in the social system. This withdrawal, when complete, leads to a new equilibrium which is characterized by increased distance and a less role-connected style of interaction. The withdrawal process is mutually satisfying for both parties—for the individual it brings release from societal pressures; for society it allows younger persons who are more energetic to assume functional roles to provide an orderly transition of power. This theory emphasizes the developmental quality of passage into old age. Data to support the theory show that psychological disengagement precedes or accompanies social disengagement as an intrinsic, natural process.

Disengagement stimulated a great deal of research in the 1960’s. Criticism of disengagement theory has generally been directed at three areas. The first, questions the process of disengagement. This view holds that disengagement is not inevitable but is rather a continuation of life-long characteristics of some older people. The second criticism challenges the value judgment that disengagement is desirable for older people and presents data that shows that the modal pattern is high activity-high satisfaction. The third analyzes disengagement in a context of social structure and social trends and finds the theory to be a poor interpretation of the facts. This criticism presents anthropological evidence from other cultures which refutes reduction of activity and freedom from social norms for the aging.

A study by Havighurst, Neugarten, and Tobin found some support for both the activity theory and the disengagement theory. While they found evidence of decreasing psychological and social engagement, they also found that as the level of activity dropped, so did feelings of contentment. This study also showed evidence of all four types of relationships between life satisfaction and activity—high-high, high-low, low-low, low-high. The authors conclude that neither activity or disengagement are sufficient to account for their findings and that the findings are probably influenced by personality types, a variable neither theory addresses.

Continuity Theory

Such conclusions, by this and other studies in the late 1960’s and early 1970’s, have led to the development of “continuity theory.” Continuity theory holds that in the process of becoming an adult, an individual develops habits, commitments, preferences, and a number of other dispositions which become a part of his personality. As he grows older he is predisposed toward maintaining continuity in these. Old age is thus not a separate and unique state of life but rather a complex interrelationship of biological and physical changes, personality, situational opportunities, and actual experiences.

While both disengagement and activity theory suggest a single direction that the individual’s adaptation
will take, continuity theory holds that adaption can go in any of several directions. This complexity probably gives the theory the advantage of coming closest to explaining the full reality of aging. But it also makes it difficult to conceptualize, measure, and analyze.

Beginning efforts have, however, been made to investigate continuity and change in aging. Examples are studies by Neugarten et al. which led to the book Personality in Middle and Late Life. They concluded that people, as they age, change toward increased inner orientation and increased separation from the environment. But, they also noted a certain centrifetal movement which leads to increased consistency and decreased complexity. In other words, people become more like themselves as they age.

Maddox and Lowenthal also offer support for the continuity theory. They, in separate studies, found that patterns of activity in old age suggested continuing life patterns and styles when measured in relation to each individual's own baseline behavior.

Studies by Neugarten, Havighurst, and Tobin have identified certain personality types and patterns of aging. They state that patterns of overt behavior are likely to become increasingly consonant with the individual's personality needs and desires.

The Duke longitudinal studies suggested that the aged show even more individual variability than the young because they become more and more like themselves and less like others. This finding offers more support to the continuity theory.

Maas and Kuypers conducted the longest longitudinal study related to the continuity theory (40 years). Their most remarkable finding in relationship to the continuity theory was that many of the subjects who had similar life styles or personalities in old age were also alike in their young adulthood.

In summary, the continuity theory holds that old age, to be properly understood, should be viewed as an integral part of the life cycle and not as a terminal period apart from the earlier years of life. As such, the individual's life style and personality will be reflected in old age, as well as in younger years.

The continuity theory has certain important implications for nursing practice, nursing education, and nursing research. In terms of practice, the continuity theory underscores the importance of planning for the aged in diversified and individualized ways. Nurses must reject stereotyping the elderly and basing needs assessments on these stereotypes. Before planning occurs, older persons must be consulted regarding their preferences, life styles, and personalities.

Continuity theory also points up the importance of a developmental view of life. Personal and societal planning for old age is appropriately done within a context that includes the adult years as a whole. Nurses, because of their use of interpersonal processes, are often in unique positions to teach this view to their adult patients.

Primary care nursing becomes increasingly important when aging is viewed from the perspective of continuity theory. Problems of aging in this perspective may have long-term antecedents, and therefore, may best be dealt with through prevention efforts in younger years.

Nursing education can also profitably use the continuity theory in planning. More courses with a viewpoint of development across the life span need to be offered. Students need more contact with aged individuals who are in the community as well as in institutions. Individuals in the community tend to be less affected by illness and can thus give students a less skewed view of aging as an integral part of the life span.

Emphasis in nursing education needs to be placed on primary prevention of health and psychosocial problems in aging rather than on secondary treatment of pathology. Students need more help in becoming community educators. Since the National Institutes of Mental Health studies show that there is a relationship between sound health and adaptability, nurses need to begin early to educate young people to problem solve in all areas of their life. In contrast to the learning of facts, this learning will enable people to structure and carry out new contacts with maximum flexibility and resourcefulness. People who can do this have been shown to have the least disease and the longest survival rates.

Nursing research based on the continuity theory will be best done using longitudinal rather than cross-sectional methods. Such studies allow the advantage of comparing individuals to themselves as they age. This allows the interactional effect of such variables as life styles and personalities to be assessed. Nurses who are involved as family health practitioners are in unique positions to carry out such studies.

Most nurses have frequent contact with the elderly. These contacts are likely to increase rather than decrease. Contacts with the elderly can be enriched and enhanced by an understanding of psychosocial development across the life span. In my opinion, continuity theory provides a rich basis for understanding that development.

References

Poetry

This Place Known as Eighty

Softened skin loose and creased colors are drabbed and washed with white
   Fingers tap lightly listlessly absentmindedly on the edge of an armchair
or smooth the folds of a dress that billows about spindly legs
   and hangs on sharp shoulder blades
Quiet spaces inside and out you and me you there and me here near
   peacefulness and sleepiness nodding in the dim light friends still
not having to talk just share the afternoon with a kindred heart who has
   been beside and behind and always close by to this strange age of eighty
Things pass a little slower and a little solter and a little quieter than they used to
we always said they'd never change but they do
in little ways that over the years can become major changes
   if we hadn't stopped at times to put it all back again
or at least arrange it in a new way to fit our new spot as we grew
to this place known as eighty
Rooms that held us over the years still shelter us now
   the fragile bones and tentative steps
are more certain in spaces that we know where we're free to be and to do
as we always have it seems so unlikely that any other walls could
do as much for you and for me friends still
as we share the age of eighty.

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