

Psychosocial theories of aging: a critical evaluation

Three major psychosocial theories of aging—activity theory, disengagement theory, and continuity theory—are summarized and evaluated. Some important problems are identified with each of the theories when the criteria of intersubjectivity of meaning, testability, and empirical adequacy are utilized in the evaluation process. An analysis of relevant research shows that none of these three theories is clearly supported by empirical evidence. Because of the tentative nature and lack of conclusive support for each of these theories, further exploration and theory development is needed. It is suggested here that a phenomenological approach may be a more productive way to study the psychosocial aspects of aging.

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THE PHENOMENON of aging has long been of interest to humankind. In recent years, with lengthening life spans and increasing numbers of older people in our society, special attention has been given to better understanding the aging process. The issues of successful aging and quality of life in old age have become important areas of study.

Three major psychosocial theories—activity theory,¹ disengagement theory,² and continuity theory³—have been proposed to attempt to explain successful aging. These three theories view the process of aging differently and identify different correlates of successful aging. Because of this controversy, activity, disengagement, and continuity theories have stimulated a great deal of research to test the theories, which continue to be presented in textbooks and utilized in research studies.

It is the intent of this article to present overviews of activity, disengagement, and continuity theories and the research from

which they emerged and to evaluate the theories utilizing the criteria of intersubjectivity of meaning, testability, and empirical adequacy. These criteria were chosen because some important problems with each of the theories can be identified utilizing these three criteria. Relevance for nursing will also be explored. It is hoped that such a discussion will assist nurses in their decisions regarding application of these theories as well as stimulate ideas for further theory development and research in the area.

ACTIVITY THEORY

Havighurst and Albrecht¹ supported the prevailing viewpoint of the time that stressed that continued social role participation was necessary for positive adjustment to old age. Their contention was that maintenance of high activity levels was necessary to inhibit the negative effects caused by old age and thereby improve life satisfaction.

Implicit in activity theory was the idea that the elderly had essentially the same psychological and social needs as middle-aged persons, except for the inevitable biological changes. Decreases that did occur in social roles and activities of the elderly were usually the result of society's withholding of opportunities for interaction. In response, well-adjusted persons attempted to maintain their life style of middle age as long as possible, and when losses such as retirement or death of a spouse did occur, adequate substitutions for those roles or activities were quickly found.⁴

Havighurst and Albrecht¹ studied a stratified random sample of 100 individuals, drawn from 670 persons above age 65 years

in a small midwestern town. Data were gathered by interview method. This was primarily a cross-sectional study, although some interviews were repeated. Study methods were poorly explained. Measures used were a "role instrument" consisting of a set of 13 role areas with 10 levels of activity defined in each role area. Personal adjustment was measured in two ways: Attitude Inventory, designed to measure feelings of happiness, usefulness and satisfaction with activities, health, and economic status; and the Cavan Adjustment Rating Scales.³ Questions about socially approved activity and health were also included.

Findings indicated that in general a high degree of activity in one role was associated with a high degree of activity in other roles. Mean role activity scores were higher for women than men, and a gradual decrease of role activity with age and with declining social status was noted. For subjects who were married, increased activity scores were noted. As some roles decreased, compensation was made by increasing others, such as the grandparent role.

Positive correlations were noted between activity and attitude and adjustment scores. "The more active people are the better adjusted, as a rule, but there are a number of exceptions."^{1(p287)}

In the area of health, findings showed that health handicaps alone did not cause poor adjustment or low role activity. Other variables such as social mobility, family relations, residential mobility, and participation in associations were also explored.

The major concepts in activity theory are activity and life satisfaction. Lemon et al⁶ presented a formalized statement of activity theory where they linked activity theory

with role theory and included some concepts of role theory. These role concepts were used to explain why activity is associated with life satisfaction. Because Havighurst and Albrecht¹ did not theoretically define these concepts, definitions provided by Lemon et al⁶ will be utilized here. These definitions (omitting the definitions of role support, self-concept, and role loss, as they were not included in other studies) seem to accurately represent other authors' ideas, although they may be operationalized differently. These definitions are stated below:

- Activity—any regularized or patterned action or pursuit that is regarded as beyond routine physical or personal maintenance. Three types of activity are defined: informal—social interaction with relatives, friends, and neighbors; formal—social participation in formal voluntary organizations; and solitary—pursuits such as watching television, reading, and engaging in hobbies of a solitary nature.⁶
- Life satisfaction—the degree to which one is presently content or pleased with his or her general life situation.⁶

The statement indicating relationship between concepts is that activity is positively associated with life satisfaction. Age is not mentioned here as a variable because this relationship is assumed to be a valid one throughout life.

DISENGAGEMENT THEORY

Disengagement theory was initially briefly presented in an article by Cumming et al⁷ and was later more extensively developed by Cumming and Henry² based on data from the Kansas City study of adult life, a 6-year study of 275 persons aged 50

to 90 years. Cumming and Henry stated that "aging is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to."^{2(p14)} Although the process was characterized by a mutual withdrawal of the individual from society and society from the individual, the process could be initiated by either one. This withdrawal of the individual could be more marked from some social groups and less from others. Increased preoccupation with self accompanied an individual's withdrawal. When the disengagement was complete, a new equilibrium was established between the individual and society, characterized by increased distance and a different type of relationship than that which was present during middle age. Highest morale existed among those at the beginning and end of the disengagement process while lowest morale was found among those in intermediate transition stages. Society made withdrawal easier for the individual through certain processes such as retirement.

Three measures or characteristics of disengagement were identified: chronological age (over 65), lack of a central task (work or marriage and family), and decreased ego investment or object cathexis. Disengagement was postulated to occur in stages. In the first stage, the fully engaged person had none of the above characteristics. In the second and third stages, the individual had one and two characteristics, respectively. Lastly, the fully disengaged person had all three characteristics.²

Once disengagement began, the process was irreversible. The individual retreated from the social world, was thus freed from normative control, and became disengaged. This theory was seen as universal

and applicable to the aging process in all societies and all cultures, although variations in timing and style may occur.²

The study that served as a basis for this theory was a descriptive type using a stratified random sample of residents living in urban Kansas City. Subjects were physically healthy and middle class with no major economic worries as determined by questionnaire. This panel consisted of 172 subjects aged 50 to 70 years. To include subjects over age 70, three interviewers (two of whom were retired clergy) were asked to find a group of people over age 70. This "quasi-sample" was comprised of 107 people aged 70 to 90 years (38 above age 80).² Methodology used was a series of five interviews conducted at 6-month intervals; during each interview, various data were gathered and tests were conducted. Social-structural variables, orientation-attitude variables, and personal variables were measured to determine their correlation to chronological age and to successful aging (defined as morale).

In general, the study results suggested a stable period of morale in the late 40s and 50s followed by a period of crisis between ages 60 and 65. This was followed by a time of relative contentment after which the crisis was resumed in the 70s. Again, following this, a period of good morale was restored throughout very old age. Cumming and Henry interpreted these data

to indicate that highest morale exists among those at the beginning and end of the disengagement process while lowest morale is found among those in intermediate transition stages.

Later, in 1963, Cumming elaborated on the original theory and introduced the variable of temperament as an important factor influencing the style of disengagement. The inevitability and universality of the process were deemphasized. Henry,⁸ however, defended the universality claim. Cumming stated that "disengagement does not predict morale,"^(p191) and suggested consideration of other intervening variables before disengagement could be linked with morale.

Disengagement theory included the major concepts of disengagement, age, society, and successful aging. Cumming and Henry's definitions of these concepts follow:

- Age—chronological age.
- Disengagement—"... inevitable, mutual withdrawal, resulting in decreased interaction between the aging person and the social system he belongs to."^(p14) Characteristics of the disengaged state included chronological age over 65, lack of a central task, and decreased ego investment.
- Society—"... those concrete cultural groupings and social systems to which the individual belongs, actually or symbolically."^(p211)
- Successful aging—having high morale. Morale was not theoretically defined. Instead, the term morale "is meant to have its ordinary connotation."^(p129) A theoretical definition cannot be inferred from the four-item scale used by the investigators.

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Three statements central to disengagement theory can be inferred from Cumming and Henry's writings:

1. Disengagement is inevitable for all aging individuals.
2. Disengagement of aging individuals from society is accompanied by the withdrawal of society from individuals.
3. Disengagement is associated with successful aging.

CONTINUITY THEORY

Following the emergence of disengagement theory, Havighurst et al.³ further analyzed data from the Kansas City study. The population group they reported on consisted of 55% of the original group described by Cumming and Henry.² Various biases were present here because of attrition and were inherent in the samples themselves.

A total of 159 men and women served as the study group. Data consisted of lengthy and repeated interviews covering aspects of the respondents' life pattern, attitudes, and values. Engagement was divided between psychological and social engagement, and each was measured separately. The two measures of social engagement identified (1) amount of time spent in social interaction each day, and (2) role activity, ego-investment, and change in role activity since age 60 (or last 10 years) for all specified roles. Psychological engagement was measured by responses to the Thematic Apperception Test indicating ego energy and ego style (active, passive, or magical). These measures provided evidence for the process of disengagement.

For the dependent variable, life satisfaction and affect regarding present level of activity in life roles and affect regarding change in role activity were measured. The Life Satisfaction Index¹⁰ incorporated five components of life satisfaction and was utilized for the first measure. These components included zest (defined as taking pleasure from everyday life activities), resolution and fortitude (regarded life as meaningful and accepted that which life had been), congruence between desired and achieved goals (felt successful in achieving major goals), positive self-concept, and mood tone (maintained happy and optimistic attitudes and mood).

The second measure of psychological well-being looked only at affect regarding present role activity, that is, how the respondent felt about his or her present activities. The third measure evaluated how the respondents felt about changes in their role patterns.

Havighurst et al.³ indicated that the data provided convincing evidence of disengagement as a process associated with aging: They noted a decline in both social and psychological engagement with increasing age. However, they concluded that neither the activity theory nor disengagement theory accurately accounted for their findings related to life satisfaction.

An analysis of age trends and correlations between variables led to some general findings: Those older people who continued with the most activity generally had greater psychological well-being than those with lower activity levels. However, the relationship was inconsistent, and all four combinations of activity and satisfaction existed, high-high and low-low being the most frequent. Neither activity theory

nor disengagement theory offered satisfactory explanations for this diversity.³

It was speculated that the relationship between life satisfaction and activity was probably influenced by personality type. There was evidence that in normal men and women there was no sharp discontinuity of personality with age but rather increasing consistency. Personality was considered the important factor in describing patterns of aging and in determining relationships between role activity and life satisfaction.

The basic concepts here are age, role activity, personality type, and life satisfaction. Definitions follow:

- Age—chronological age
- Role activity—the extent and intensity of activity in 11 different social roles^{11(pp173-174)}
- Personality type—the extent to which the individual is able to integrate emotional and rational elements of the personality^{3(p172)}
- Life satisfaction—psychological well-being that includes taking pleasure from activities that constitute everyday life, regarding one's life as meaningful and accepting the past, feeling that one has succeeded in achieving one's major goals, holding a positive self-image, and maintaining happy and optimistic attitudes and mood¹⁰

The three statements inferred from the writings of Neugarten et al¹¹ are as follows:

1. Personality remains consistent as age increases "in normal men and women." ^{11(p172)}
2. Personality influences role activity.
3. Personality influences life satisfaction.

EVALUATION OF THE THEORIES

Since these three theories were developed to explain the same phenomenon, successful aging, and utilize similar concepts in their theoretical statements, the theories will be evaluated together. Disengagement and activity theories specified different relationships between the concepts, while continuity theory introduced an additional variable, personality, to explain successful aging.

The majority of studies testing these theories were carried out in the 1960s and 1970s. Rather than replicating previous research or retesting the theories, several recent studies have utilized the theories tangentially in examining such issues as peer relationships,¹² consequences of retirement,¹³ and intimacy.¹⁴

Intersubjectivity of meaning

Intersubjectivity of meaning is the first criterion to be evaluated. Intersubjectivity of meaning has been defined by Reynolds¹⁵ as incorporating two aspects: shared agreement among scientists with regard to the events or phenomena encompassed by a concept and shared agreement regarding statements specifying the relationships between concepts. For intersubjectivity of meaning to be present, scientists within a given field must agree on the theoretical definitions of concepts and on the relationships between these concepts. These two aspects are basic to the meaning of a theory, and if disagreement occurs among scientists with regard to these areas, then the meaning of the theory is changed.

Activity (or lack of it) and successful aging are the two major concepts dealt

with by all three theories. Since disengagement and activity theories are seen as opposing viewpoints regarding successful aging, one would expect that there would be agreement about what is meant by the concept of activity and successful aging. Although the operational definitions for these can be different, the theoretical definitions must be noncontradictory if the criterion of intersubjectivity of meaning is to be met.

In disengagement theory, activity level refers to degree of interaction between the aging person and society. In activity theory, degree of activity is viewed as action or pursuit beyond routine maintenance. Continuity theory defines role activity as both the extent and intensity of involvement in different social roles. By looking at only these definitions, it appears that disengagement and continuity theorists are looking at amount of interactions and the involvement in social roles, while activity theory focuses more on action-oriented pursuits (not necessarily interactive). Theoretically this would lead to different operational definitions, but in actuality it has not. (Operational definitions will be discussed further under the criterion of testability.)

With regard to successful aging, activity and continuity theories utilize the term *life satisfaction* while disengagement utilizes the term *morale*. Again, differences in operational definitions do not directly reflect these differences in theoretical definitions. From reading descriptions of how these concepts, life satisfaction and morale, are used in the different theories, it seems that the general idea is the same. They seem to refer to general psychological well-being and satisfaction with life. The concepts are value laden, as it is deemed good and

desirable that older people be happy and satisfied with life to "successfully" age.

Hochschild¹⁶ has identified what she calls the omnibus variable problem, where disengagement is characterized as a unitary process without differentiating the dimensions of the variable. All psychological and social forms of disengagement apparently go together in the theory, although this has not been demonstrated empirically. Hochschild suggests that there are good reasons for dividing this umbrella variable of disengagement and that this action may serve to advance the theory into something more complex. Continuity theory has done this: divided the variable and considered personality type as a separate independent variable. Other relevant variables mentioned by Hochschild, however, have not been identified.

From the above discussion some problems are apparent with regard to shared agreement about the theoretical definition of concepts and the phenomena encompassed by these concepts. The definitions are noncontradictory, but they seem to encompass different aspects of the same phenomenon.

Shared agreement regarding statements relating the concepts is the second aspect of intersubjectivity of meaning. Disagreement in this area forms the basis for differentiating the three theories. Disengagement theory states that disengagement (or decreased interaction) is associated

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with successful aging (morale). Activity theory makes the opposite statement: that increased activity is associated with successful aging (life satisfaction). Continuity theory states that it is personality style that is associated with both activity level and life satisfaction. Although other researchers testing these theories utilize these same statements, they are not often stated explicitly. Proponents of each of the three respective theories seem to agree on the three separate statements, but the three groups of scientists supporting each of the theories disagree.

Testability

Testability is the second criterion to be evaluated. According to Hardy,¹⁷ testability involves identifying adequate operational definitions for the concepts. Consideration must be given as to whether the concepts can be measured and to the accuracy of the operational definitions in reflecting the theoretical definitions. The testability of these theories will be assessed by identifying operational definitions of the concepts and assessing the validity and reliability of these definitions.

Another aspect of testability is the criterion of falsifiability. Popper¹⁸ discussed falsification of theories as the ability of a theory to be tested and refuted (or falsified) by evidence. The hypothesis should not be a "truth statement." According to Popper, "... the criterion of the scientific status of a theory is its falsifiability, or refutability, or testability."^{19(p23)} Falsifiability will also be evaluated for each of these theories.

The first aspect of testability involves the adequacy of the operational definitions for

testing the concepts. Activity has been measured in a variety of ways. Various aspects of activity measures include number of roles, the amount of time spent in roles, and, sometimes, one's attitude toward one's activities. The most frequently used measure of activities was the Activities and Attitude Inventory by Burgess et al.⁵ Schiff,²⁰ Maddox,²¹ Palmore,²² Havighurst and Albrecht,¹ and Carp²³ all use this measure (or modifications of it). This questionnaire consists of questions about general information, health, family, friends, leisure and recreation, clubs and organizations, employment, financial security, religion, and earlier life.

Validity and reliability have been determined for these Activities and Attitude Inventory scales. Original validity was 0.65 for the activity scale and 0.78 for the attitude scale, while reliability was 0.95 and 0.66, respectively.²⁴ Palmore²² reports that both scales have been widely used, and the results have shown a high degree of validity and reliability.

Other authors utilize Cumming and Henry's² measures of activity, such as the Role Count Index, Interaction Index, and/or Social Lifespace Measure.²⁵⁻²⁷ Although reliability and validity ratings have not been noted, it seems these measures have achieved face validity.

Still other authors^{6,28-34} have utilized self-constructed questionnaires rating activity levels. Most of these scales seem to ask about extent and intensity of role activity without exploring the aspect of psychological investment in the activity. It should also be noted that some authors utilize more than one scale for measuring activity level. These scales are probably assumed to have face validity, as the concept of activ-

ity has a direct, observable empirical referent and may be thought to be more easily measured because of this. However, all of these measures are self-reports by the subjects rather than objective reports by observers, so that the subjects' feelings and attitudes may well affect their reporting of their daily activities. Thus reliability and validity may not be as high as originally assumed.

For the construct of successful aging, life satisfaction, attitude, adjustment, and morale scales are all used. Since this construct attempts to measure a comprehensive affective area such as pervasive feelings about life in general, this is more difficult to operationalize. The attitude portion of the Activities and Attitude Inventory⁵ was widely used. Schiff,²⁰ Havighurst and Albrecht,¹ Maddox,²¹ Palmore,²² and Carp²³ utilized this attitude scale. Havighurst and Albrecht¹ utilized the Cavan Adjustment Rating Scale²⁴ as well.

According to Schiff,²⁰ validity was 0.65 when the attitude scale was measured against a checklist by people who knew the subjects and against a word portrait measure. Reliability was 0.72 over a two-month period of time. Palmore's²² comment, stated previously, about the widespread use of this scale and its consequent reliability and validity applies here also.

Included in this attitude scale are two sets of questions entitled "What you think about things" (which seems to reflect happiness or general satisfaction) and "Your attitudes." The Attitude Inventory asks six questions in each of eight categories: health, friends, work, finances, religion, usefulness, happiness, and family. One major problem with this scale is that questions relating to activity are also included

in the attitude scale, so that while the emphasis is upon feelings of satisfaction, a high score depends at least indirectly on a high activity level.¹⁰ Thus when this scale is used to test the relationship between activity and life satisfaction or attitude, a positive relationship is built into the scale.

The Philadelphia Geriatric Center (PGC) Morale Scale³⁵ was utilized by Filsinger and Sauer²⁸ and Gutman.³¹ This scale incorporated the multidimensionality of the concept of well-being and has also been used and revised with reliability and validity scores.^{36,37} This scale does not seem to incorporate activity level within its measure.

The Life Satisfaction Index (two forms, LSI-A and -B)¹⁰ has been utilized by Filsinger and Sauer,²⁸ Ehrlich,²⁶ Lemon et al.,⁶ Longino and Kart,³⁸ Bultena and Oyler,³⁹ and Havens.³⁴ This scale has been described earlier under continuity theory. Interrater reliability was high (0.92 to 0.97 in all categories) and validity ranged between 0.69 and 0.86 in all categories.¹⁰ Knapp⁴⁰ points out that the relative maturity of the LSI has resulted in many applications and examinations; however, a more recent factor analysis of the scale concluded that the LSI-A does not seem to measure the dimensions of life satisfaction.⁴¹

Other scales used include the Kutner Morale Scale,²⁵ Cumming and Henry's Morale Index, and the Srole Anomie Scale,³² along with several investigator-constructed attitude scales.^{23,25,27,32}

Major problems exist with Cumming and Henry's Morale Index, which consists of four items with the highest validity taken from the Kutner Morale Scale and the Srole Anomie Scale. These questions

ask subjects what age they would most like to be, where they would most like to live, which weekend activities they find most interesting, and if they wish to see more of their neighbors, friends, and relatives. Neugarten et al¹⁰ pointed out several problems with this index: It is based on so few items that scores may be highly unreliable; the Index was validated against a small number of cases; and it appears to reflect resignation or conformity to the status quo rather than morale.

For continuity theory, the personality types or patterns have not been operationalized with any consistency, so no reliability and validity ratings can be made with respect to this construct. Fox⁴² discussed the problems associated with operationalizing continuity and suggested development of a definition that would measure relatedness or ordered movement through life.

Falsifiability is another aspect of testability. It appears that statements of activity theory (and inferred hypotheses derived from them) can be falsified. If decreased activity level was associated with increased morale or life satisfaction, then the theory would be refuted. This does not appear to be true for disengagement or continuity theories.

Hochschild¹⁶ identified this problem in the logic of disengagement theory as the escape-clause problem. The proposition that disengagement is universal, inevitable, and intrinsic has been widely disputed. Propositions presented elsewhere in the theory state that there will be variations in the form and timing of the disengagement.² Because the variations in form and timing are not specified, an escape-clause problem arises: No counter evidence can

be provided. The theory cannot be falsified. The engaged older person can be an "unsuccessful" disengager, off in timing or varying in form. This same problem occurs with continuity theory. Since there is no operational definition of personality type, there is no way to refute the statement that personality influences both activity and life satisfaction.

Cumming and Henry² list age over 65 as one of the defining characteristics of disengagement and then state that disengagement is inevitable and occurs with advancing age. This creates a tautology, in that the statement must be true by definition. This is another instance of the problem in the theory's logic. The criterion of falsifiability is not satisfied. If personality in continuity theory is defined as "that which is continuous over time,"^{42(p100)} then by definition personality is continuous into old age, again a tautology.

Lastly, the theories will be evaluated with respect to *empirical adequacy*. For empirical adequacy to be assessed, a theory must be testable and must have accumulated some evidence supporting and/or failing to support the theory. By evaluating the strength of the evidence supporting and refuting the theory and determining how well the theory describes empirical reality, conclusions about empirical adequacy may be reached.¹⁷

Because disengagement and continuity theories cannot truly be tested as they are stated, disengagement theory will be considered as the antithesis of activity theory. It has been frequently tested in this manner as well. Evidence for continuity theory will be considered separately.

Generally speaking, the studies by Havighurst and Albrecht,¹ Schiff,²⁰ Prasad,³⁰

Gutman,³¹ Ehrlich,²⁶ Lemon et al.,⁶ Palmore,²² Bultena and Oyler,³⁹ and Havens³⁴ supported activity theory to at least the extent that higher levels of activity were associated with increased life satisfaction.

The statement that disengagement (or decreased activity level) was modal and that decreased interaction seemed to accompany advancing age was supported by Maddox,²¹ Mindel and Vaughan,²⁹ Ehrlich,²⁶ Schiff,²⁰ Cumming and Henry,² and Neugarten et al.¹¹ Alternately, Tissue,²⁵ Prasad,³⁰ Gutman,³¹ Tallmer and Kutner,²⁷ Zborowski and Eyde,³³ and Palmore²² failed to support this finding. In Palmore's²² longitudinal study, findings showed a strong tendency for older people to continue with the same general level of activities and attitudes over time, which may lend support to continuity theory as well as activity theory.

Some of these studies were longitudinal,^{2,11,21-23,31,34} ranging from one and a half to ten years but with most being two to five years. The majority of studies, however, were cross-sectional. This has some implications for making the correlation between decreased interaction and increased age. The best way to study age changes is with a longitudinal study where individual subjects can act as their own control. In drawing conclusions like these based on cross-sectional studies, cohort differences between older elderly and

younger elderly may influence the findings. Also, it may be that changes in engagement do not occur steadily with increasing age, but in jumps, increasing and decreasing in relation to life events and crises. A study that follows subjects for only five years or less may not reflect this possible relationship. The conflicting findings may be due to the above difficulties or may reflect differences in operational definitions mentioned earlier.

The statement (in disengagement theory) that disengagement is associated with increasing morale is generally not supported, except by Cumming and Henry² (whose morale measure is questioned). Maddox²¹ found that, in general, decreases in activity were associated with decreases in morale and that with increasing age, activity levels decreased. His logical conclusion that morale would also decrease as age increases was not supported, however. This may also lend some indirect support to disengagement theory. Other studies by Lemon et al.⁶ and Longino and Kart³⁸ (who replicated the study by Lemon et al) failed to support their hypotheses that informal activity was significantly correlated to life satisfaction. Longino and Kart³⁸ reported that greater formal activity was associated with decreased life satisfaction. Although these studies (other than Longino and Kart³⁸) do not specifically show a positive relationship between decreasing activity and increasing morale, they fail to refute this hypothesis. All other authors reviewed here failed to find support for the hypothesis that decreasing activity or disengagement was associated with increasing morale or life satisfaction. Some biases may be present here because of the cultural value placed on activity.

The best way to study age changes is with a longitudinal study where individual subjects can act as their own control.

Still other studies found that other variables such as health status, employment status, person-situation congruence, and socioeconomic status influenced the relationship between activity level and morale or life satisfaction.^{11,23,25-27,32,33,39} These may be viewed as lending some support to continuity theory, which states that the relationship between activity and life satisfaction is determined by other factors (namely personality). Indeed, Lemon et al⁶ state that an important limitation of activity theory is the exclusion of concepts relating to previous life style and to personality attributes of the individual. Ehrlich,²⁶ however, found that none of the three life styles he identified were associated with life satisfaction.

Thus, it can be seen that none of the three theories is clearly supported. All three have problems with respect to each of the three criteria utilized here. Perhaps one explanation for these problems may be the inherent difficulty in attempting to correlate a multidimensional variable, such as life satisfaction, with a unidimensional variable, such as activity level, and the problems in operationalizing constructs such as life satisfaction and personality.

Hochschild¹⁶ addressed a larger, more fundamental issue when she pointed out that evidence about the meaning that everyday acts of engagement or disengagement hold for persons is missing. "One of the most basic and profound features of 'modern' old age is precisely the diversity of personal meanings imputed to the impersonal facts of disengagement and death. To study behavior and ignore its personal meaning is to miss the most profound dimension of aging."^{16(p67)} It was suggested that we look at a more phenom-

enological image of the aged person as an assigner of meaning rather than an object of meaning. Spence⁴³ and Fox⁴² also favor this approach, indicating that the meaning of life events and individuals' perceptions of life's continuity may be more accurate indicators of psychological well-being.

RELEVANCE FOR NURSING

Evaluation of these theories of aging is relevant for nursing in primarily two ways, one dealing with the general process of theory evaluation and the other with the actual content that has been evaluated.

It is useful from a process point of view to evaluate a set of theories in gerontology for the heuristic purpose of expanding our knowledge about theory development, testing, and evaluation. Activity, disengagement, and continuity theories are especially useful because of the extensive testing that has taken place, the controversy in the literature regarding their adequacy, and their applicability to nursing practice. This final point, applicability to nursing practice, leads to the second important reason for examining these theories: their content.

Much insight can be gained into psychosocial aspects of aging by reviewing and evaluating these theories and the research based on them. Since it is well documented that life satisfaction and health status are closely related for older persons,⁴⁴ both of these concepts are of concern to nurses. Nurses have demonstrated this interest in their research utilizing disengagement theory⁴⁵⁻⁴⁷ and in their theoretical works.⁴⁸⁻⁵⁰

Because of the tentative nature and the lack of conclusive support for each of

these three theories, nurses should be careful not to borrow any one of them as a basis for nursing practice. Danger lies in using disengagement theory to support allowing an older person to withdraw into isolation because this is believed to be normal and to lead to high morale.⁹ Alternatively, promoting meaningless activity for the older person who is not interested in increasing his or her morale may be equally harmful. The application of continuity theory may foster a more careful assessment of what the individual was like previously, but this may assume a static personality that does not change over time. Problems may also arise if one attempts to categorize people into a predetermined personality type and direct nursing interventions based on knowledge of that type.

More research is needed in this area to gain additional insight into healthy, successful aging. A major theme that emerges from this evaluation is that of meaning in life, particularly the meaning that activity

and participation in various roles have for the older person. The issue of meaning in life may be a multidimensional variable that can increase our understanding of the later years of life. This concept needs to be explicated to determine its potential usefulness. By using a phenomenological approach and the technique of life review, the meaning of events in older persons' lives may be further explored. Through additional exploration and theory building in this area, nurses can contribute to the understanding and explanation of psychosocial processes of aging and utilize this knowledge to improve the quality of life for older persons. This may foster our view of aging as continuous with the rest of the life cycle rather than beginning at age 65. Nurses, with their holistic view of human beings, are in ideal positions to carry out such research. To do so nurses must focus positively on these later years of life and work to enhance the potential for growth and development throughout life.

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