“You’ll Never Walk Alone”: Phenomenology and Ageing in Contemporary Culture

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ABSTRACT

This article explores the theory of phenomenology and its relevance for understanding ageing. I begin by attempting to unravel the main theorisations of phenomenology and then explore how the use of a biographical method can be enmeshed in cultural contexts of ageing. In particular, I assess the relevance of the ageing body, and ageing identity for pointing toward a general theory that can be defined as a ‘phenomenology of ageing’. Part of the context for realising the potential of phenomenology is its dissection of meaning, not as fixed, but as fluid as found in the context of everyday life. Phenomenology provides a significant contribution to un-locking an understanding of what is means to be a human person situated within and across the life course. It can be used to reveal critical consciousness, understanding of personal identity and social meanings. This article explores the contexts, examples and situations within which the perspective can be illuminated for understanding ageing. Ageing is a biographical process and this will be dissected for understanding social theory.

Keywords: Aging; phenomenology; meaning; consciousness and identity

1. INTRODUCTION

Before we investigate a phenomenology of ageing, we need a contextual backdrop to the micro orthodoxy emergence in social science philosophy. To begin with, one of the key exponents of a micro social science, Alfred Schutz (1932) describes how we construct the objects, and our knowledge of these objects, that we take for granted in our everyday lives. The basic act of consciousness is a first-order typification: bringing together typical and enduring elements in the stream of experience, building up typical models of things and people, and thereby building a shared social world. Second-order typifications are constructed as rational models of the social world based on the first-order theories which actors offer to explain their own activities. Schutz talks about sociology as creating a world of rational puppets which we then manipulate to discover how people might act in the real world. Schutz’s legacy led to a growing body of knowledge that can be called interpretive sociology (May and Powell, 2008). Two expressions of this approach have been called reality constructionism and ethnomethodology. Reality constructionism synthesizes Schutz’s distillation of phenomenology and the corpus of classical sociological thought to account for the possibility of social reality (Berger and Luckmann 1966). Ethnomethodology examines
the means by which actors make ordinary life possible (Garfinkel 1967; Garfinkel and Sacks 1986). Reality constructionism and ethnomethodology are now recognized as among the established orientations in the various fields of social science (Ritzer 2007). This continuing influence upon contemporary sociology can be seen in the increased humanization of theoretical works (Layder, 2007). Phenomenological thought has influenced the work of postmodernist, poststructuralist, critical, and neo-functional theory (Ritzer 1996). Notions such as constructionism, situationalism and reflexivity that are at the core of phenomenology also provide the grounds for these recent formulations. For example, the premise of poststructuralism that language is socially constituted, thus denying the possibility of objective meaning, is clearly rooted in phenomenology. The procedure known as deconstruction essentially reverses the reification process highlighted in phenomenology (May and Powell, 2008). The argument that knowledge and reality do not exist apart from discourse is also clearly rooted in phenomenology (May and Williams, 2002). Postmodernism’s emphasis on the representational world as reality constructor further exemplifies the phenomenological bent toward reflexivity. On the other hand, phenomenology has been used to reverse nihilistic excesses of postmodernism and post-structuralism. Phenomenology also finds room for a micro-social foundation focusing on the actor as a constructive agent in theories of ‘critical realism’ (Layder, 2007). Henceforth, phenomenology advances the notion that human beings are creative agents in the construction of their social worlds.

Whilst this is at the level of understanding, phenomenological concerns are also frequently researched in investigating social life by using qualitative methods (Ritzer, 1996). Phenomenologists have undertaken analyses of small groups, social situations, and organizations using face-to-face techniques of participant observation (May and Powell, 2008). In-depth interviewing to uncover the subject's orientations or older people’s "life worlds" is also widely practiced in social gerontology (Gubrium, 1992). Such qualitative tools are used in phenomenological research either to yield insight into the micro physical dimensions of specific spheres of human life and to exhibit the constitutive activity of human consciousness (Gubrium and Holstein, 1995). By using phenomenology through its in-depth qualitative gathering of intimate human feelings and meanings, the micro based theory highlights how individuals apprehend the means by which phenomena, originating in human consciousness, come to be experienced as features of the social world.

Since phenomenology insists that society is a human construction, social science itself and its theories and methods are also constructions (Cicourel 1973). Thus, phenomenology seeks to offer a corrective to the field's emphasis on positivist conceptualizations and research methods that may take for granted the very issues that phenomenologists find of interest. Phenomenology presents theoretical techniques and qualitative methods that illuminate the human meanings of social life.

The central task in phenomenology is to demonstrate the reciprocal interactions among the processes of human action and reality construction (Sibeon 2004). Rather than contending that any aspect is a causal factor, phenomenology views all dimensions as constitutive of all others. Phenomenologists use the term reflexivity to characterize the way in which constituent dimensions serve as both foundation and consequence of all human projects (May and Williams 2002). The task of phenomenology, then, is to make manifest, reflexively, the incessant tangle of action, situation, and reality in the various modes of being in the world.

Now let us examine how this process works. Phenomenology begins with an analysis of the natural attitude. This is understood as the way ordinary individuals participate in the world, taking its existence for granted, assuming its objectivity, and undertaking action projects as if they were predetermined (May and Williams, 2002). Language, culture, and
common sense are experienced in the natural attitude as objective features of an external world that are learned by actors in the course of their lives.

Human beings are open to patterned social experience and strive toward meaningful involvement in a knowable world. They are characterized by a typifying mode of consciousness tending to classify sense data. In phenomenological terms humans experience the world in terms of *typifications*. That is, people are exposed to the sights of their environments, including their own bodies and other people. They come to apprehend the categorical identity and *typified* meanings of each in terms of conventional linguistic forms. In a similar manner, people learn the formulas for doing common activities. These practical means of doing are called *recipes for action* (May and Williams, 2002).

Schutz distinguishes different sets of interests: topical (which focus attention on themes), interpretive (which confer meanings on experiences or objects), and motivational. Such interests often involve a subject, with more or less systematic interests, interacting with the world. From this interaction between subject and world, it becomes evident what is of relevance to an actor. These interests, interdependent on each other and conjoined with one's system of types or categories, constitute a *stock of knowledge* at hand. Schutz examines stock of knowledge in terms of its genesis and structure. He further explores the meaning of a person's biographical situation, including types and interests. One's body, and the ontological constraints of space and time that, for instance, are constraints that prevent one from being at certain places at certain times or compel one to wait.

After a more general account of the *life world* and its relation to the sciences, Schutz takes up the various stratifications of the life world, such as provinces of meaning, temporal and spatial zones of reach, and social structure. Schutz comments on the components of one's stock of knowledge, including learned and non-learned elements, interests and types, and he traces the build-up of such a stock. He studied the social conditioning of one's subjective stock of knowledge and inquires about the social stock of knowledge of a group and different possible combinations of knowledge distribution (generalized and specialized).

Schutz (1932) considers how subjective knowledge becomes embodied in a social stock of knowledge and how the latter influences the former. He asserts that intention comes before action, and that all actions are not necessarily intended. Intentions are rather to be related to the phase before action. The ‘disposition’ of an individual is important for social action. It can be based on the locus of control and implies a person’s ability or inability to cope with a situation, i.e., to act. There seems to be a demand on some kind of internal locus of control.

Hence, typifications and recipes, once internalized, tend to settle beneath the level of full awareness. That is, they become *sedimented*, as do layers of rock. Thus, in the natural attitude, the foundations of actors' knowledge of meaning and action are obscured to the actors themselves (Berger and Luckmann 1966). For example, actors assume that knowledge is objective and all people reason in a like manner. Each actor assumes that every other actor knows what he or she knows of this world. All believe that they share common sense. However, each person's biography is unique, and each develops a relatively distinct stock of typifications and recipes for action. Therefore, interpretations may diverge. Every day social interaction is replete with ways in which actors create feelings that common sense is shared, that mutual understanding is occurring, and that everything is all right.

Phenomenology emphasizes that humans live within an intersubjective world, yet they at best approximate shared realities. While a *paramount reality* is commonly experienced in this manner, particular realities or *finite provinces of meaning* are also constructed and experienced by diverse cultural, social, or occupational groupings (Layder, 2007).
Thus, typifications derived from common sense are internalized, becoming the tools that individual consciousness uses to constitute a life world, the unified arena of human awareness and action. Common sense serves as an ever-present resource to assure actors that the reality that is projected from human subjectivity is an objective reality. Since all actors are involved in this intentional work, they sustain the collaborative effort to reify their projections and thereby reinforce the very frameworks that provide the construction tools.

Phenomenologists analyze the ordering of social reality and how the usage of certain forms of knowledge contributes to that ordering. It is posited that typified action and interaction become habitualized (Ritzer 2007). Through sedimentation in layered consciousness, human authorship of habitualized conduct is obscured and the product is externalized. As meaning-striving beings, humans create theoretical explanations and moral justifications in order to legitimate the habitualized conduct. Located in higher contexts of meaning, the conduct becomes objectified. When internalized by succeeding generations, the conduct is fully institutionalized and exerts compelling constraints over individual volition.

The reality that most people inhabit is constituted by these legitimations of habitualized conduct. Ranging from common sense typifications of ordinary language to theological constructions to sophisticated philosophical, cosmological, and scientific conceptualizations, these legitimations compose the paramount reality of everyday life. Moreover, segmented modern life, with its proliferation of meaning-generating sectors, produces multiple realities, some in competition with each other for adherents. In the current marketplace of realities, consumers, to varying degrees, may select their legitimations, as they select their occupation and, increasingly, their religion (Berger and Luckmann, 1966).

However, there are layers of knowledge within modern society that are seen as privileged and breaking these layers down is a hard task given the truth claims behind what they say. Such truth claims are often backed up by science. The bio-medical model has been a dominant narrative pertaining to individual behaviour that micro perspectives like phenomenology, have found hard to challenge. In particular, the view that the ageing body is essentially an issue of declining viability is the master narrative behind bio-medicine. For phenomenologists, such views mask the subjectification processes that are central to understand how bodies are made and experienced.

2. PHENOMENOLOGY AND AGEING

Within social theory phenomenology is an established mainstream paradigm. It guides most qualitative research focused on everyday life in the social sciences today (Gubrium and Holstein, 1995). Within gerontology, however, it has had a very limited impact. In this section, we wish to explore two contexts, the body under the medical gaze, and the body as a basis of identity.

(i) Ageing and body

In this discussion the biomedical model is understood to have four components. 1) The mind and body are essentially different and medicine is restricted to considerations related to the body. 2) The body can be understood as analogous to a machine. 3) Medical answers are thought to be more reliable when they are founded on the basic sciences. 4) And thus biophysical answers are preferred to all others (Longino and Murphy, 1995). This model is reductionistic and by focusing almost entirely on the body, it ignores the person that animates the body, and the life world that contextualizes the person.
The bio-medical model has dominated the perceptions of old age in gerontology. As Powell and Longino (2002) pointed out, the medicalization of old age is not an objective scientific process, but rather a series of policy struggles at local, national and international levels. These struggles to define the nature of ageing are between several provinces of meaning such as old and potentially old people, their network of informal care-givers, the helping professionals of different types, entrepreneurs from family run care homes through to pharmaceutical companies of global reach, and finally the institutions of the state and the organization and distribution of resources through policy spaces (Biggs and Powell, 2001).

The bio-medical model has consistently problematized ‘truths’ about the declining viability of adult ageing. As Arthur Frank (1990, 135-6) notes, the bio-medical model is a dominant force in popular culture:

‘Medicine does … occupy a paramount place among those institutions and practices by which the body is conceptualized, represented and responded to. At present our capacity to experience the body directly, or theorize it indirectly, is inextricably medicalized’.

The somewhat hegemonic dominance of the bio-medical model goes beyond negative discourses pertaining to ageing, it has sought to re-invent itself as the ‘saviour’ of biological ageing via the bio-technological advancements that foster re-construction of the ‘body’ to prevent, hide or halt the ageing process (Powell and Wahidin, 2007). As Biggs and Powell (2001) point out:

‘… established and emerging master narratives of biological decline on the one hand, and consumer agelessness on the other co-exist, talking to different populations and promoting contradictory, yet interrelated, narratives by which to age. They are contradictory in their relation to notions of autonomy and independence, and dependency on others, yet [they are] linked through the importance of techniques for maintenance, either via medicalized bodily control or through the adoption of "golden-age" lifestyles’ (Biggs & Powell, 2001, 97).

Because of the reluctance of socially trained gerontologists to deal directly with the body, and their tendency to hand off the subject matter to the health scientists and clinicians, the social study of age and the ageing body has only gained theoretical momentum recently, in the past twenty years, on both sides of the Atlantic (Phillipson, 1998; Powell, 2006).

The body in its material form has been taken for granted, absented or forgotten in gerontological literature (Powell and Wahidin, 2007), until the body begins to mechanically break down. Thus the role of the body in gerontology has for some time focused on the failing body and the political response to that ageing body.

In those parts of the medical establishment where care is most emphasized, rather than regimen and control, particularly in nursing, there seems to be a deeper focus on the provision of care based on a rigorous emphasis on the patient’s subjective experience (Benner 1995). In these patient care contexts, substantial attention has been devoted to the ethical implications of various disease definitions. Specifically, the discussion also focuses on how language shapes the response to illness, and to how disease definitions and paradigmatic models impact communication between health professionals and patients (Rosenberg and Golden 1992). Significant work on the phenomenology of disability has demonstrated how the lived body is
experienced in altered form and how taken for granted routines are disrupted, invoking new action recipes (Toombs 1995).

Nonconventional healing practices have also been examined. In this context, embodiment and the actor’s subjective orientation reflexively interrelate with cultural imagery and discourse to transfigure the self (Csordas 1997). Further, phenomenological work has suggested that emotions are best analyzed as interpretive processes embedded within experiential contexts (Ritzer 1996). The focus on the lived body is a central concern for phenomenological gerontology:

‘The body may be preoperative, transitional, or postoperative; even ‘seeing’ the body may not answer the question…what are the categories through which one sees? The moment on which one’s staid and usual cultural perceptions fail….one cannot with surely read the body that one sees’. (Bordo, 1989: 18).

Thus, phenomenological gerontology seeks to offer a corrective to the seeming dominant emphasis on bio-medical conceptualizations of ageing; it excavates how we problematize ageing at a surface level by digging underneath such surfaces to reveal meanings and subjective sense of self that have been historically silenced by rigid bio-medical models of ageing and body. Hence, phenomenology presents theoretical techniques and qualitative methods that illuminate the human meanings of social life that brings to life issues associated with understanding the body.

(ii) Ageing Identity

It has only been in the past two decades has there been any sustained attempt to fuse together phenomenological concerns about ageing bodies in order to foster a deeper understanding of ageing identity (Gubrium and Holstein 1995). Gubrium (1992) has investigated how ageing is constituted in the consciousness of persons. The struggle for meaning when accompanied by chronic pain may be facilitated or impaired by constructs that permit the smoother processing of the experiences. Biggs (1999) makes the point that phenomenological work encourages care-givers of older people to gain empathic appreciation of their clients’ life worlds and enhanced affiliation with them through the use of biographical narratives that highlight their individuality and humanity.

Where does the story of the human body begin? What is in fact meant by the ‘body’? One can simply argue that the body is ‘present’, ‘lived’, ‘real’ and ‘experienced’. The body in terms of its biology is always in the process of becoming. Cells die, mutate and regenerate. It can be argued from this proposition then that the body never finally becomes but is left as an unfinished project, in a state of transition. In reality, however, typifications of old bodies intertwine with masculinity, femininity, sexual orientation and race which serve to regulate and define the spaces that older people use.

Writing about phenomenology and the ageing body poses a series of theoretical challenges relating to the issue of human embodiment, the body and body-image (Featherstone and Hepworth, 1993). The body like parchment is written upon, inscribed by variables such as gender, age, sexual orientation and ethnicity and by a series of inscriptions, which are dependent on types of spaces and places. However, as Shilling (1993) argues, the more we know about our bodies the more we are able to govern, modify and question gender norms highlighting how gendered and ageist discourses serve to confine and define, old bodies.
Although social gerontologists have only recently begun to conceptualize the body, old people themselves are clearly concerned about their changed physical appearance and how to come to terms with the changing conditions of their identity and lived bodies. Morris (1998) argues that consumer culture promotes this concern and then exploits it; consumer culture is preoccupied with perfect bodies as presented by the glamorous images of advertising. Consumer culture’s emphasis on youthfulness and the body beautiful increasingly marginalizes the identity of older people in later life. Such images, therefore, do not help old people to see themselves as able actors within the world.

This discontinuity between the experience of living in an ageing body and images of ageing has been identified as an issue. One may feel oneself to be a different age than one looks, as though one is wearing a mask. Featherstone and Hepworth (1993) maintain that old age can be a mask that “conceals the essential identity of the person beneath”. A person’s appearance may change with age and one’s identity may not. It is thus possible to be surprised by one’s own image. As counterpoint to the notion of the mask of old age, Biggs (1999) argues that people derive their sense of self-identity in old age from the achievements of the past and what remains to be accomplished in the future, rather than from a set of stereotypical images of old age.

Unless they are ill, older people do not necessarily feel old. Researchers can study without reflecting the experienced reality of ageing, if the subjects’ lived bodies are ignored. Ageing is an embodied and meaningful process.

Bryan Turner (1995) emphasises several key processes which work upon and within the body across time and space. The body has to be contextualized within its polymorphous state of positions within and between a number of different discourses: the biological and the social, the collective and the individual and that of structure and agency. The next section advances a phenomenology of ageing by incisively stating we need to capture the use of biography in order to appreciate and understand individuals and cohort groups across the life course.

3. BIOGRAPHY AND THE LIFE COURSE

The notion of biography is central to understanding people’s meanings and experiences of mind and body relevant to the lifecourse. Schutz employed the life course as a second order analytical construct to understand different classes of experience from early to later life. Individuals make their own biographical histories across the life course. From earliest age to old age, individuals create biographical narratives to create a sense of coherence and self-identity.

The social worlds that individuals create are put together by categorised experiences. Categories take on an existence of their own for interpreting and constructing meaning. Both natural and social objects are interpretively constituted and as such are evolving ‘stocks of knowledge’ (Schutz, 1970); the cornerstone of common frameworks for making sense of experiences. The interior mental processes of individuals and their self-identities dynamically collide and interact with social forces to produce and reproduce the forms of experience.

Schutz’s notion of ‘biographical work’ (Starr, 1983) is the means of embracing this dynamic interplay of subjective and objective social processes. By tracing an individual’s life career trajectory over the life course, the concept of biography allows us to document the development of their unique configuration of personal powers, skills and emotional-cognitive capacities as they emerge out of the interplay of social involvements and constraints. This is
because biography refers to the comparative development of variable powers between people, while tracing specific individual’s experiential trajectories of across the life course and the unique social configurations in which they are enmeshed.

Birth cohorts, who move through their life courses together, may have an overlap in their stocks of knowledge that is contextualized by their shared historical experience. Inter-subjectivity based on birth cohort is possible. However, as Passuth and Bengtson (1988) remind us, a phenomenological understanding of cohort is not the same as that used by demographers. Lives are linked through education, work, consumption and family in everyday life and these linkages give cohort membership, and their related stocks of knowledge special significance (Davila and Pearson 1994; Gubrium, 1992).

For example, phenomenological work with young children at one end of the life course examines how both family interactions and the practices of everyday life are related to the social construction of childhood (Davila and Pearson 1994). It is revealed how the children’s elemental typifications of family life and common sense are actualized through ordinary social interaction. Penetrating the inner world of children requires a level of sensitivity among researchers of ageing that would allow them to view the subjects in their own terms, from the level and viewpoints of children themselves (Shehan, 1999). Such theoretical interrogation transcends scientific perspectives and seeks to give voice to the children’s experience of their own worlds and relationships with others. In this sense, children’s communicative and interactive competencies are respected and are not diminished by the drive toward just listening to adults (Shehan, 1999).

One could apply this example just as well to the other end of the life course. According to Encandela, when we look at ageing and the social construction of ‘pain’ we can see the use of a phenomenological perspective. Encandela (1997) investigated the interrelationship of ageing and trauma and found it was constituted in the consciousness of members and helping agents. The struggle for meaning accompanied by chronic pain may be facilitated or constrained by the availability of constructs that permit the processing of the experiences. Members of cultures that stock typifications and recipes for skilfully managing pain may well be more likely than others to construct beneficial interpretations in the face of these challenges (Encandela 1997). Phenomenology in this content encourages the professionals who work in the field of pain management with older people to gain an empathic appreciation of their clients’ lifeworlds and enhanced affiliation with them through the use of biographical narratives that highlight their individuality and subjective sense of self (Biggs, 1999).

Subjective experience, in this sense, is an amalgam of several, often seemingly diverse, sensitivities and operations. Such experiences impinge on the fluidity of the lifecourse.

Settersten (1999) suggests that the study of the life course teaches us that it is open to historical contingency. Distinctive changes for sub-groups in the life course cannot be understood without reference to biographical contexts. At the same time, Settersten (1999) claims that there has been scarce study of inter and intra cohort variation in the ways that socio-historical circumstances relate to particular lives. Members of cohort groups react in unpredictable ways to historical contexts. The timing into expectable social roles can influence the ways in which they are experienced and alter expectable role entrances and exits in life zones such as work and employment. Similarly, sub-groups of individuals may hold basic values of their generational cohort but hold a different outlook to their larger cohort; a process of ‘self-identity’. To understand the ageing self in such terms enables us to appreciate the power and control dimensions of human conduct as they apply to individual self-identity.
and how they are linked to the social world. Because individuals vary in terms of their biographically produced personal powers and capacities across age cohorts it is important to recognize how these feed into, and in turn are influenced by, other social domains such as ‘situated activity’ or the arena of interpersonal relations and social settings and contextual resources and as such are reproduced social positions, relations and discourses.

There is a long-standing tendency to reduce the social dimension of ageing to a set of normative “stages” across the life course that are said to determine the experience of old age. Such approaches present old age as primarily a private experience of adaptation to inevitable physical and mental decline and preparation for death. This common understanding of ageing is quite alienating, and people logically flee from this image of senility. Such a fixed standpoint openly contradicts the phenomenological challenge set by Schutz.

At the same time, life course theory has begun to emphasize that old age is part of a lifelong developmental process. Life course ideas coalesced as a theoretical orientation on ageing during the 1960s and 1970s. In 1974, Bernice Neugarten wrote an influential essay marking a distinction between what has since become more commonly referred to as the Third and Fourth Ages, the youthful years of retirement and the older ones. She referred to persons in these stages of later adult development as the young-old and the old-old. The young old are like late middle-aged persons.

They generally have good health, and they are about as active as they want to be. The Old-old, however, tend to be widowed and are much more likely to be living dependently. Consequently, the concept of old age, with its attending miseries, was only pushed later into life by this reconceptualization. The first decade after the workers retire seems like a second middle age, but the declining body remains an issue in the fourth age. (Gilleyard and Higgs, 2000; Laslett 1990).

During the 1980s and 1990s, life course theory increased in sophistication as proponents addressed variations in the process of ageing and recognized that the individual’s life course is embedded in relationships with others (Elder, 2001).

4. CONCLUSION

Phenomenology is a movement in social science that illuminates an understanding of the relationship between states of individual consciousness and social life. As an approach applied to understanding ageing, phenomenology seeks to reveal how human ageing awareness is implicated in the production of social action, social situations and social worlds. Phenomenology asks of us to note the misleading substantiality of social products and to avoid the pitfalls of reification.

It is inadequate for gerontologists to view older people only as ‘objects’. Older people are ‘subjects’ with sentient experience. Phenomenology focuses on the investigation of social products as humanly meaningful acts. The ‘meaning contexts’ applied by the social gerontologist explicates the points of view of older actors. It also expresses their lifeworld and gives impetus that older people are people first and older second which is a healthy corrective to the hegemony of biomedical decline.
BIOGRAPHY

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References

[1] Benner P. (1995). Interpretive Phenomenology: Embodiment, Caring and Ethics in Health and Illness. Sage: Thousand Oaks, California.
[2] Berger P. L., Luckmann T. (1966). The Social Construction of Reality: A Treatise in the Sociology of Knowledge. New York: Anchor.
[3] Biggs S. (1999). The Mature Imagination. OUP: Milton Keynes.
[4] Biggs S., Powell J. L., Journal of Ageing & Social Policy 12(2) (2001) 93-111
[5] Bordo S. (1993). Unbearable Weight: Feminism, Western Culture and the Body, University of California Press: Berkeley.
[6] Cicourel A. V. (1973). Cognitive Sociology: Language and Meaning in Social Interaction. Harmondsworth: Penguin.
[7] Csordas J. (1997). Embodiment and Experience: The Existential Ground of Culture and Self. Cambridge: Cambridge University Press.
[8] Davilla R., Pearson C., Human Studies 17 (1994) 325-341.
[9] Elder G. H. Jr. (2001) “Life course.” In G. L. Maddox (Ed.), The Encyclopedia of Ageing (3rd Ed.), pp. 593-596. New York: Springer Publishing Co.
[10] Encandela J., Symbolic Interaction 20 (1997) 251-273.
[11] Featherstone M., Hepworth M. (1993). ‘Images in Ageing’, in Bond, J & Coleman, P. (Eds.) Ageing in Society. London: Sage.
[12] Frank A., Theory, Culture and Society 7 (1990) 131-162.
[13] Garfinkel H. (1967). Studies in Ethnomethodology. Englewood Cliffs, NJ: Prentice-Hall.
[14] Garfinkel H., Sacks H. (1986). “On Formal Structures of Practical Actions”. In Garfinkel, H. (ed.) Ethnomethodological Studies of Work. London: Routledge & Kegan Paul.
[15] Gilleard C., Higgs P. (2000). Cultures of Ageing. London: Prentice Hall
[16] Gubrium J. (1992). Out of control: Family therapy and domestic disorder. Newbury Park, CA: Sage.
[17] Gubrium J., Holstein J. (1995). The Active Interview. California: Sage.
[18] Husserl E. (1931). *Ideas: General Introduction to Pure Phenomenology*. W. R. Boyce Gibson, trans. New York: Humanities Press.

[19] Laslett P. (1991). *A Fresh Map of Life: The Emergence of the Third Age*. Cambridge, MA: Harvard University Press.

[20] Layder D. (2004). *Social and Personal Identity*. London: Sage.

[21] Layder D. (2007). *Understanding Social Theory*, (2nd edition). London: Sage.

[22] Longino C. F. Jr., Murphy J. W. (1995). *The Old Age Challenge to the Biomedical Model: Paradigm Strain and Health Policy*. Amityville, NY: Baywood Press.

[23] May T., Williams M. (2002). *Knowing the Social World*. OUP: Milton Keynes.

[24] May T., Powell J. (2008). *Situating Social Theory*, McGraw Hill: Milton Keynes.

[25] Morris D. (1998). *The Culture of Pain*, University of California Press: Berkeley.

[26] Neugarten B. L., *Annals of the American Academy of Political and Social Sciences* 415 (1974) 187-198.

[27] Phillipson C. (1998). *Reconstructing Old Age*, Sage: London.

[28] Passuth P. M., Vern L. Bengtson (1988). "Sociological Theories of Ageing: Current Perspectives and Future Directions." Pp. 333-355 in J. Birren and V. Bengtson (eds.) *Emergent Theories of Ageing*. New York: Springer.

[29] Powell J. L., Biggs S., *Journal of Ageing Identity* 5(1) (2000) 3-13.

[30] Powell J. L., Longino C. F., *Journal of Ageing & Identity* 7(4) (2002) 107-118.

[31] Powell J. L., Wahidin A. (2007). “Understanding Ageing Bodies: A Postmodern Dialogue”. In: Powell, J. and Owen, T. (Eds.) *Reconstructing Postmodernism*. Nova Science: New York.

[32] Ritzer G. (1996). *Modern Sociological Theory*. New York: McGraw Hill.

[33] Ritzer G. (2004). *The Globalization of Nothing*. Thousand Oaks, CA: Pine Forge Press.

[34] Ritzer G. (2007). *The McDonalization of Society*. Thousand Oaks, CA: Pine Forge Press.

[35] Rosenberg C., Golden J. (eds.) (1992). *Framing Disease: Studies in Cultural History*. New Brunswick, NJ: Rutgers University Press.

[36] Schutz A. (1972). *The Phenomenology of the Social World*. Originally published in 1932. Translated by Walsh, G. and Lehnert, F. Introduction by Walsh, G. London: Heinemann.

[37] Settersten R. (1999). *Lives in Place and Time. The Problems and Promises of Developmental Science*. Amityville, New York: Baywood.

[38] Shehan L. (ed.) (1999). *Through the Eyes of the Child: Revisioning Children as Active Agents of Family Life*. Greenwich: JAI Press.

[39] Shilling C. (1993). *The Body and Social Theory*. London: Sage.

[40] Sibeon R. (2004). *Rethinking Social Theory*, Sage: London.
[41] Starr J. M., *International Journal of Ageing and Human Development* 16(4) (1983) 255-70.

[42] Toombs S., *Human Studies* 18 (1995) 9-23.

[43] Turner B. (1995). “Ageing and identity”. In Featherstone, M. & Wernick, A. (1995) *Images of Ageing*. London: Routledge.

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