

## The New Realities of Ageing: A Socio-Demographic Study on the Male-elderlies and their Life-Course Perspective

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### Abstract

*Age remains one of the most overlooked yet fundamentally significant variables in sociological inquiry. The formation of socio-personal identity is deeply intertwined with age, and without its dynamics, such identity loses its foundational grounding. It is often noted that the earliest and final stages of life entail substantial healthcare expenditures. However, a closer examination of the elderly population reveals that 'ageism' pervades both medical practice and thought, underscoring the complex interplay between age, health, medicine, and sociology.*

*Within this broader discourse, 'Gerontology,' though situated within Sociology, is inherently interdisciplinary, drawing from multiple academic domains. My paper, therefore, seeks to explore how a life-course perspective enables us to trace both synchronic and diachronic distributions across an individual's lifetime, alongside the diminishing social mobility that accompanies aging. While the scope of my study is specifically limited to elderly men, I have focused on individuals aged 60–70 years, as defined by the Indian Census Report.*

*This research incorporates data from both primary and secondary sources. Secondary sources include books, research papers, websites, newspapers, and magazines, while primary data has been gathered through select interviews with respondents chosen in alignment with the study's objectives. I have endeavored to conduct a comprehensive literary analysis of relevant secondary sources, providing an exhaustive exploration of the topic and its associated concepts. The study is primarily qualitative in nature.*

**Keywords:** *Depression, Old age, Sociability, Life-Course Perspective, Masculinity*

While dementia has become a dominant modern image of aging, depression is an equally pervasive concern among the elderly. This psychological distress, often exacerbated by social isolation, declining physical health, and the loss of purpose, contributes significantly to rising suicide rates among older adults. The intricate interdependence of various aging dynamics forms a continuous loop, where one aspect reinforces or aggravates the other. Within this cyclical transformation, perhaps the most compelling phenomenon is the emergence of what scholars refer to as the 'Third Age.'

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According to Baltes (1998), the Third Age represents a phase of life characterized by relative independence, personal fulfillment, and the cessation of familial or occupational responsibilities. In contrast, the Fourth Age signifies a period of profound dependency, where individuals increasingly rely on others for their basic needs. This distinction is crucial, as it highlights the shifting nature of autonomy and agency within the aging process.

My research primarily focuses on the sociological and psychological dimensions of the Third Age, particularly in the context of elderly men. It seeks to examine how male ageism is constructed and reinforced during this phase, shaping not only individual identity but also societal perceptions of aging masculinity. Additionally, this study explores the commercialization of anti-aging, analyzing how industries capitalize on age-related anxieties by promoting products and services that promise youthfulness and vitality. By situating these themes within a broader socio-cultural framework, this paper aims to offer a nuanced understanding of aging as both a personal experience and a socially mediated phenomenon.

### **Objectives**

To conduct a socio-demographic analysis of elderly men, with a particular focus on their medicalization and healthcare experiences.

To investigate the social invisibility of the elderly through the lens of elder abuse, examining its various manifestations and underlying structural factors.

To explore the psychosocial construction of male aging by analyzing the impact of andropause, depression, and baldness on identity and self-perception.

To examine how aging is culturally framed as a decline in masculinity, reinforcing gendered anxieties and societal expectations.

Finally, to assess elderly men's attitudes toward life, aging, and their evolving dependency on family members, using the life-course perspective as an analytical framework.

### **Review of Literature**

E. Thompson, in *Older Men and Invisible Men in Contemporary Society* (1994), highlights the social invisibility of elderly men, attributing it to two primary factors: disengagement from traditional and professional roles, and increasing physical and economic dependency. Thompson argues that socio-cultural constructions of attractiveness place disproportionate emphasis on youth and beauty, rendering aging not only the antithesis of desirability but also a condition to be feared and resisted. This leads to the broader discourse on 'successful aging' (Rowe & Kahn, 1987), where concealing signs of aging is equated with maintaining social value and desirability. Expanding upon this theme, Shankardas (2004) critiques the stagnation in gerontological research, noting that despite a steady rise in publications on aging, their contributions to scientific knowledge

remain limited. Early studies, such as Murphy (1931), suggest that providing emotional and economic support mitigates dependency among the elderly, particularly those with physical ailments. However, more contemporary scholarship, such as that of Kirti K. Kalinga and Renuka Kumar (n.d.), examines the shifting roles of older men in India. Their research underscores how elderly men increasingly partake in domestic responsibilities such as cooking and childcare-tasks traditionally associated with women in Indian society. This reconfiguration of gendered roles in later life signals broader transformations in masculinity and household dynamics.

Moreover, Western-centric frameworks have overwhelmingly shaped gerontological literature. Bali (2001) critiques this bias, arguing that studies conducted by psychologists, sociologists, and anthropologists on aging have been largely influenced by Western theoretical paradigms, often neglecting the contextual specificities of aging in non-Western societies. This critique aligns with the broader argument presented by Cohen (1998), who highlights how aging experiences in South Asia are deeply intertwined with kinship structures, religious beliefs, and economic dependencies, making them distinct from Western models of individualism and institutional care.

Further, Featherstone and Hepworth (1991) introduce the concept of 'the mask of aging,' which suggests that while the body visibly ages, the individual's internal self-perception may remain youthful. This tension between physical decline and psychological continuity underscores the performativity of aging and its intersection with masculinity. Similarly, Spector-Mersel (2006) argues that dominant narratives of masculinity fail to accommodate the experiences of aging men, leading to a crisis in identity as traditional masculine ideals—such as physical strength, economic independence, and virility—become increasingly unattainable with age.

In addition to socio-cultural dimensions, the medicalization of aging plays a crucial role in shaping elderly experiences. Estes and Binney (1989) argue that aging has been excessively pathologized, reducing the elderly to mere subjects of medical intervention rather than individuals with complex socio-emotional needs. The commercialization of anti-aging, as discussed by Vincent, Phillipson, and Downs (2006), further perpetuates the notion that aging is a problem to be solved rather than a natural phase of life.

Taken together, these perspectives illustrate the multifaceted nature of aging, particularly in relation to masculinity, social invisibility, and shifting roles. By situating these discussions within a broader socio-cultural framework, this literature review underscores the need for a more nuanced and context-sensitive understanding of male aging beyond dominant Western paradigms.

## **Methodology**

This study employs a mixed-method approach, incorporating both primary and secondary sources to ensure a comprehensive analysis of the research problem. The paper is structured into three main sections: the first section presents the introduction, research objectives, literature

review, and methodological framework. The second section comprises data analysis, key findings, and discussions. The final section outlines the study's limitations, conclusions, and references.

**Research Design:** This study follows a qualitative and descriptive research design. A qualitative approach was chosen to capture the lived experiences of elderly men, allowing for an in-depth exploration of their perceptions, challenges, and societal positioning. Descriptive analysis was applied to examine socio-demographic variables and support the findings with contextualized interpretations.

**Research Instrument:** The primary research instrument employed for data collection was an Interview Schedule. Given the nature of the study, a semi structured set of open-ended questions was designed to facilitate in-depth discussions. The researcher administered the interviews personally, recording responses in real-time. This approach ensured greater engagement with respondents while allowing flexibility in probing significant themes as they emerged.

### **Sources of Data**

**Primary Data:** The primary source of data consisted of interviews conducted with elderly male respondents who provided informed consent to participate in the study.

**Secondary Data:** Secondary sources included books, peer-reviewed journals, academic articles, magazines, and credible online resources relevant to gerontology, aging, and masculinity studies.

### **Sampling Strategy**

**Sampling Method:** The study employed random sampling, ensuring that each individual in the target population had an equal probability of being selected. This method was chosen to mitigate selection bias and provide a representative cross-section of elderly men within the research area.

**Sample Size:** A total of 30 respondents were selected for the study, ensuring a sufficiently diverse dataset for qualitative analysis.

**Research Locale:** The study was conducted in Sonarpur, where respondents were identified from local communities and households.

### **Data Collection Procedure**

**Initial Contact:** Participants were personally approached, and the purpose of the study was explained to them.

**Consent Acquisition:** Informed consent was obtained through Google Forms. For participants without access to personal email IDs, consent forms and interview schedules were shared via the email addresses of their family members. Further communication was facilitated through these email channels.

**Interview Process:** Interviews were conducted in a face-to-face format where possible. In cases where physical interviews were not feasible, alternative communication channels were used to ensure participant comfort and accessibility.

**Clarifications & Feedback:** Participants were encouraged to reach out for clarifications regarding the research study, with the researcher's contact details provided on the interview schedule.

Upon completion of the interview, respondents were invited to share feedback or comments on their experience.

### **Nature & Duration of Interviews**

**Type of Questions:** The interview schedule primarily featured open-ended questions, fostering active participation and allowing respondents to express their perspectives in depth.

**Duration:** Each interview lasted between 20 to 30 minutes, ensuring a balance between comprehensive data collection and respondent convenience.

By employing a methodologically sound framework, this study ensures a robust analysis of the socio-demographic and psychosocial dimensions of male aging, while also acknowledging the complexities surrounding masculinity, dependency, and societal perceptions in later life

**Data Analysis:** Though my study primarily examines the invisibility of elderlies, an intriguing aspect that emerged during the research was the profound state of accumulated grief experienced by my respondents. When questioned about the passing of their close ones, nearly all of them articulated a pervasive sense of loneliness and isolation. Old age is a phase marked by the gradual erosion of lifelong relationships, where the bonds cultivated over decades begin to fray due to mortality. This emotional loss, in turn, exacerbates feelings of depression and solitude, reinforcing the notion that ageing is not merely a biological transition but a deeply social and psychological phenomenon.

### **The Body as a Salient Frame of Reference**

The human body serves as the primary site where ageing manifests, making it an essential frame of reference in understanding the lived experience of older individuals. One respondent poignantly remarked, “Mentally, I’m 18, but physically, I’m 80.” This underscores a crucial contradiction in the ageing process—the disparity between mental vitality and physical decline. While ageing is often conceptualized in terms of biological, psychological, and social dimensions, it is the physical body that becomes the most visible marker of ageing.

One critical but often overlooked factor is touch hunger, a fundamental human need that persists into old age. Research suggests that physical touch—whether from family, grandchildren, or friends—acts as a significant stress-reliever and emotional stabilizer for the elderly. However, with age-related social withdrawal and the loss of intimate partners, the absence of physical affection can intensify feelings of neglect and emotional deprivation.

### **Gerontology, Ageing, and the Life-Course Perspective**

The term gerontology is derived from the Greek words *geron* (old man) and *logos* (discourse or study), reflecting its interdisciplinary nature. However, what makes gerontological literature particularly compelling is its inherent dichotomy between desirability and undesirability. For instance, while retirement may be viewed as a well-earned respite after decades of labor,

sickness and disability are perceived as undesirable consequences of ageing.

The life-course perspective provides a comprehensive framework for examining old age within a broader socio- historical continuum. It facilitates an understanding of ageing as a dynamic process, allowing us to draw comparisons between youth and old age, map social and emotional transformations, and trace continuities in individual life trajectories. By situating ageing within a structured temporal framework, this perspective helps decode the interplay between personal experiences and structural constraints that shape the ageing process.

### **Ageing as an Opposition to Masculinity**

When respondents were asked to identify the most significant change they observed in their lives, their answers were strikingly uniform: a perceived loss of masculinity. This sentiment aligns with the work of Gullette (1997: 231), who asserts that masculinity is deeply intertwined with bodily functions and physical vitality. As the body weakens, men often experience a crisis of self-perception, where their former identities—rooted in strength, virility, and autonomy—begin to erode.

Ageing, therefore, carries a stigmatized connotation in patriarchal societies, where masculinity is valorized in terms of physical capability and independence. This stigma is further reinforced by the medicalization of age- related conditions such as andropause, baldness, and depression, which are framed not as natural transitions but as problems to be managed and corrected. The prevailing cultural narrative suggests that the more one resists the signs of ageing through medical interventions, the more one retains their masculine identity.

### **Medicalization of the Ageing Body**

The medicalization of ageing has transformed old age from a natural life stage into a pathological condition requiring intervention. Ageing is often perceived as an undesirable, even defective, state, necessitating medical oversight to regulate its impact. The ubiquity of anti-ageing treatments, hormone therapies, and cosmetic procedures underscores how deeply entrenched ageism is within contemporary society.

This phenomenon reflects a broader cultural anxiety—the inability to accept bodily decline as an inevitable reality. As a result, ageing bodies become sites of medical control, where pharmaceuticals and aesthetic modifications promise an illusion of youthfulness while reinforcing the notion that ageing is something to be resisted rather than embraced.

### **Medicalization of Death**

Death, despite being a biological certainty, is increasingly treated as a medical event rather than a natural conclusion to life. Giddens (2006) highlights how advances in medical science have doubled the average lifespan compared to feudal societies, positioning medicine as a dominant force in shaping how and when people die. Similarly, Ivan Illich (1975) critiques the medical profession's role in refashioning death, arguing that the institutionalization of death has

stripped it of its personal and social significance.

One respondent provided an insightful observation on this phenomenon, noting that medicine today is less about healing and more about delaying death, reinforcing the notion that dying outside a clinical setting is almost unacceptable. Even in cases of sudden deaths on the street, immediate medical intervention is sought, reinforcing the pervasive belief that death must be managed and orchestrated within medical institutions. This excessive medicalization of death not only prolongs suffering but also reduces elderlies to passive subjects of medical control in their final moments.

### **Andropause: Disease or Myth?**

The debate surrounding andropause brings us back to the intersections of masculinity, ageing, and medicalization. Sir Charles Edouard Brown-Séquard (1889) was the first to establish a link between testosterone levels and ageing, asserting that the decline in testosterone corresponded with a loss of male vitality. In contemporary discourse, andropause is often medicalized as a condition requiring hormonal treatments, despite ongoing debates about whether it constitutes a genuine medical disorder or merely reflects natural ageing.

### **Social Construction of Baldness and the Commercialization of Anti-Ageing Industries**

Beyond andropause, baldness represents another psychosocial factor contributing to distress among ageing men. Valerie Randall (2000: 125) asserts that in a youth-oriented culture, where hair plays a crucial role in social and sexual communication, male pattern baldness often leads to psychological distress and a diminished quality of life.

Media representations further reinforce this distress. Advertisements frequently depict baldness as a marker of diminished desirability and social relevance. Men are often portrayed as confident and successful before baldness, but as invisible and disregarded afterward. This narrative fuels the commercialization of the anti-ageing industry, particularly within the medical and cosmetic sectors, where baldness is framed as a condition to be treated rather than a natural aspect of ageing.

### **Economic Recession and Elderly Abuse**

A significant 60% of respondents reported experiencing financial instability in old age. When asked whether they could sustain their daily necessities, many responded negatively. One individual expressed a sense of burden on their family, stating, "The sooner I die, the better it is for my family, and the lesser abuse I have to deal with." Elderly abuse also emerged as a disturbing trend, with 50% of respondents choosing to remain anonymous when discussing domestic mistreatment. The other half acknowledged experiencing various forms of abuse, both direct and indirect. The World Health Organization (WHO, 2022) emphasizes that elder abuse can have severe physical, mental, and social consequences, often requiring long-term recovery. The

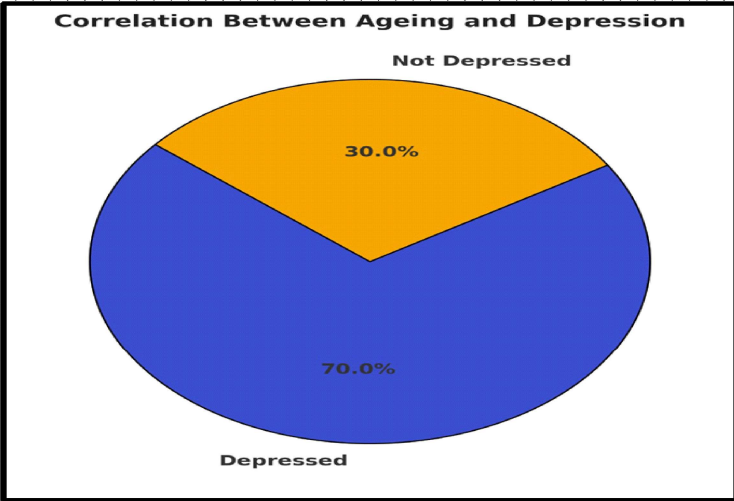


Fig. 1

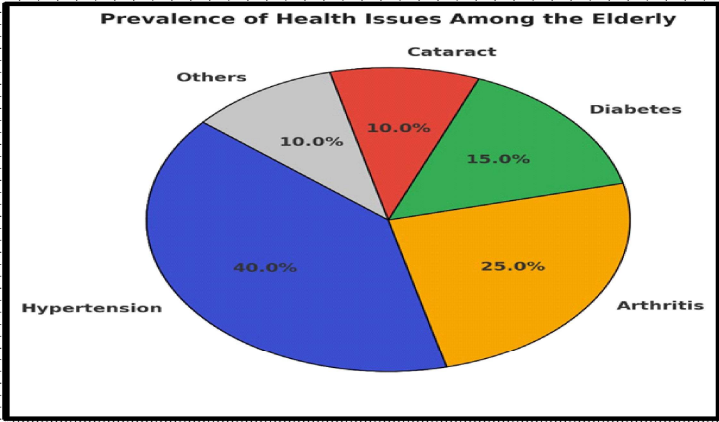


Fig. 2

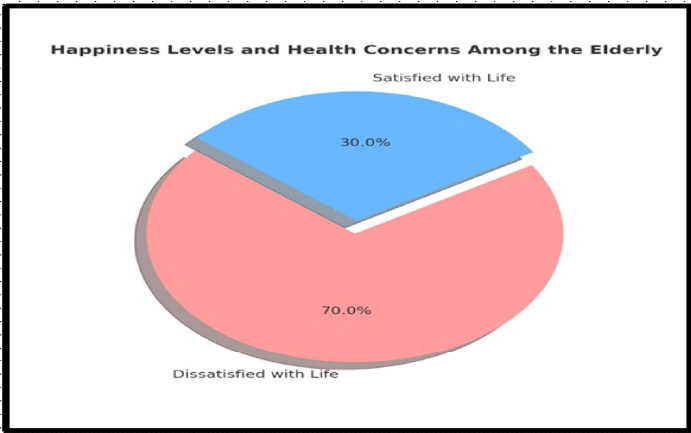


Fig. 3



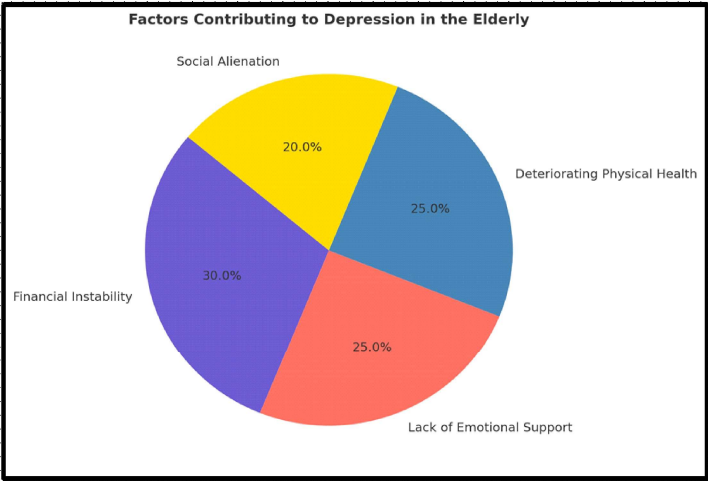


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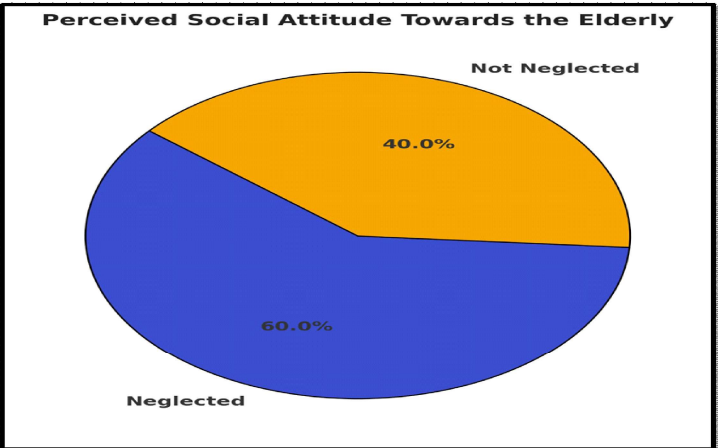


Fig. 5

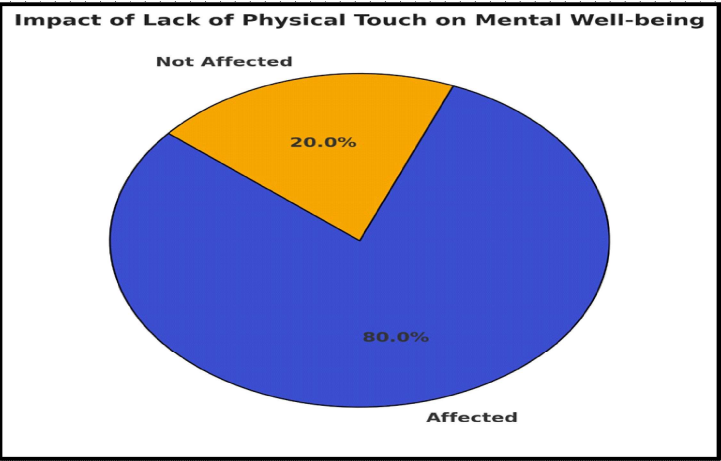


Fig. 6

intersection of economic vulnerability and domestic neglect highlights the precarious position of the elderly in contemporary society.

**Correlation Between Depression and Aging:** The study revealed a strong positive correlation between aging and depression. As individuals grow older, their vulnerability to mental health issues increases, often exacerbated by declining physical health, social isolation, and loss of purpose post-retirement (Fig. 1).

**Happiness Levels and Health Concerns;** About 70% of the respondents expressed dissatisfaction with their lives, citing health problems such as hypertension, arthritis, diabetes, and cataracts as major contributors. This suggests a need for better geriatric healthcare services and social interventions to improve quality of life (Fig. 2&3).

**Multicausal Nature of Depression:** The research confirms that depression among elderly individuals arises from multiple sources, including financial instability, lack of emotional support, deteriorating physical health, and social alienation. Addressing these factors collectively rather than in isolation may yield better mental health outcomes (Fig. 4).

**Social Neglect Towards the Elderly:** Around 60% of the respondents felt that society tends to neglect older individuals. This neglect manifests in reduced social engagements, a lack of inclusion in family decisions, and an overall feeling of invisibility in public spaces (Fig. 5).

**Impact of Accumulated Grief and Physical Touch in Old Age:** The death of close friends and family members was found to be a significant factor in emotional distress among the elderly. Many respondents described experiencing a compounded sense of loneliness and grief as they lost lifelong relationships (Fig 6).

Approximately 80% of respondents reported infrequent physical touch from family or friends. Scientific research suggests that physical contact (hugs, hand-holding, etc.) can reduce stress and promote emotional well-being. The lack of this essential human connection may contribute to feelings of isolation and detachment.

**Financial Dependence and Elderly Abuse:** A significant relationship was observed between financial dependence and abuse. The more financially dependent an elderly person was, the more likely they were to experience neglect or mistreatment from family members. This highlights the importance of financial planning and pension support for older adults (Fig. 7).

**Attachment with Old Friends:** Nearly 90% of the respondents reported having little to moderate attachment with their school or college friends. While some maintained social bonds through occasional meetings or phone calls, many lost touches due to mobility issues, family responsibilities, or lack of digital literacy (Fig. 8).

**Limitations:** The study was conducted on a relatively small sample size, which may limit the generalizability of the findings. A larger and more diverse population could potentially uncover additional critical dimensions of ageing. Connectivity challenges posed a significant limitation during telephonic interviews, occasionally affecting the flow and depth of responses.

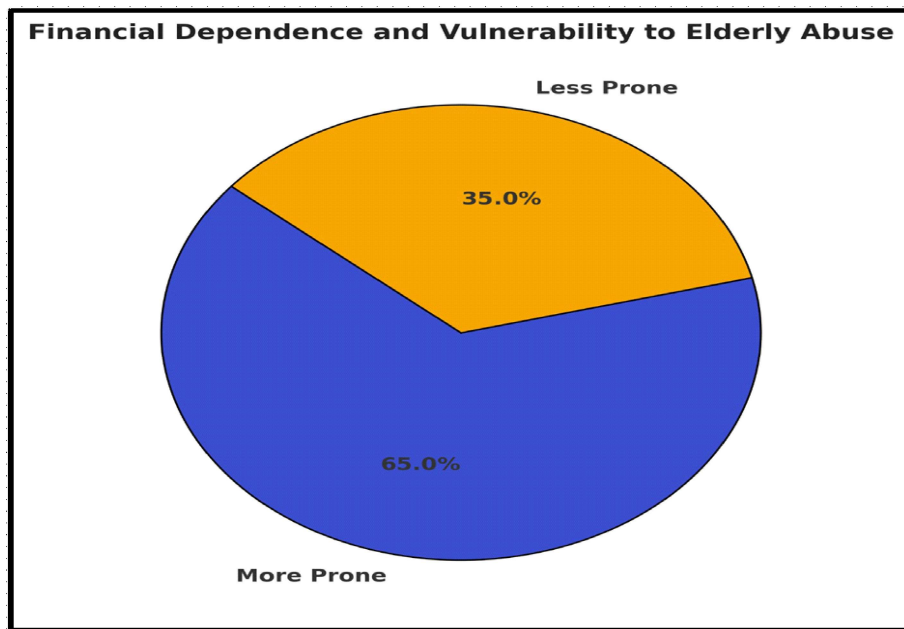


Fig. 7

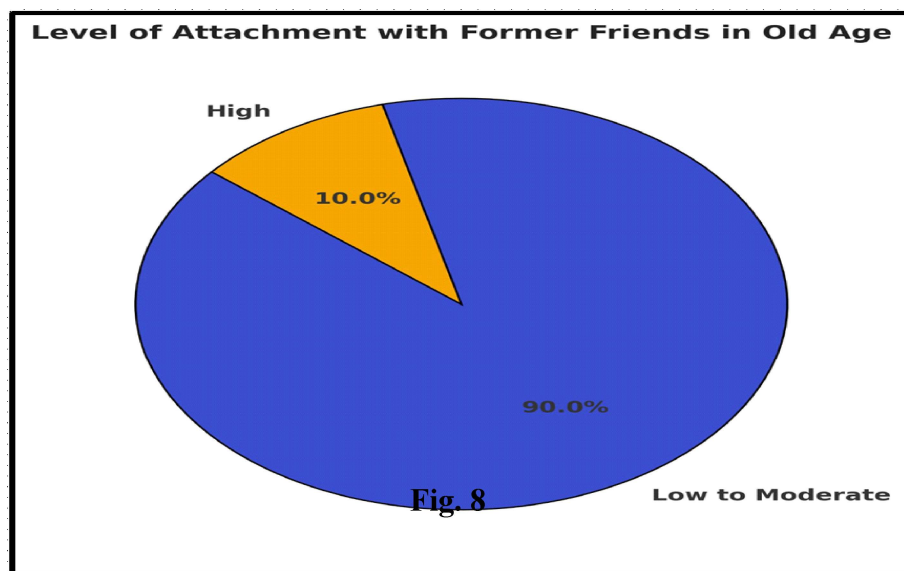


Fig. 8

## Conclusion

With the increasing medicalization of ageing, the demand for healthcare services becomes even more critical as one grows older. This study has primarily sought to highlight the invisibility of ageing, particularly among elderly men, aligning its objectives with the data analysis and findings. The central representational focus of this research has been to bridge the intersections of ageing,

medicalization, and masculinity, thereby enabling a deeper understanding and reinterpretation of the psychosocial construction of ageing. In essence, ageing is undeniably a sociologically significant phenomenon. However, it is crucial to recognize that older adults are not passive participants in this process. Rather, ageing unfolds within a dynamic, bidirectional relationship between social structures and the elderly, shaping and being shaped by the broader socio-cultural context in which it occurs.

## References

- Bali, A. (2001). Care of the elderly in India: Changing configurations. Indian Institute of Advanced Study.
- Baltes, M. M. (1998). The Psychology of the oldest-old: The Fourth Age. *Current Opinion in Psychiatry*, 11(5), 411-415.
- Britannica, T. Editors of Encyclopaedia. (2021, December 9). Endocrinology: Charles Brown-Séguard. Encyclopedia Britannica. Retrieved October 19, 2024, from <https://www.britannica.com/science/endocrinology>
- Cockerham, W. C. (2021). The Wiley Blackwell companion to medical sociology. John Wiley & Sons.
- Elias, N. (1985). The Loneliness of the Dying. Blackwell.
- Giddens, A. (2006). Sociology. Polity Press.
- Gullette, M. (2004). Aged by culture. Bibliovault OAI Repository, University of Chicago Press.
- Illich, I. (1975). The medicalization of life. *Journal of Medical Ethics*, 1(2), 73-77.
- Kalinga, K. K., & Kumar, R. (n.d.). Sociology of ageing. [https://ddceutkal.ac.in/Syllabus/MA\\_SOCIOLOGY/Paper\\_18.pdf](https://ddceutkal.ac.in/Syllabus/MA_SOCIOLOGY/Paper_18.pdf)
- Murphy, J. P. (1931). Dependency in old age. *The ANNALS of the American Academy of Political and Social Science*, 154(1), 38–41. <https://doi.org/10.1177/000271623115400108>
- Randall, V. A., & Davies, P. G. (2000). Androgenetic alopecia. University of Bradford School of Life Sciences.
- Rowe, J. W., & Kahn, R. L. (1987). Human aging: Usual and successful. *Science*, 237(4811), 143-149.
- Shankardas, M., & Sebastian, I. R. (2018). Abuse and neglect of the elderly in India. Springer. <https://doi.org/10.1007/978-981-10-6116-5>
- Thompson, E. H. (1994). Older men as invisible men in contemporary society. *Men's Studies Review*, 11(1), 1-10.
- WHO. (2022, June 13). Abuse of older people. Retrieved October 19, 2024, from <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>