Chapter 6

The Role of Constraints in Successful Aging: Inhibiting or Enabling?

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It is helpful to provide a framework for examining and evaluating constraints to leisure. Within an aging perspective, the impact of constraints on “successful aging” appears to be an effective framework. Rowe and Kahn (1998) defined successful aging as the ability to maintain three essential behaviors:

1. low risk of disease or disease-related disability.
2. high mental and physical functioning.
3. active engagement with life.

Any factor interfering with the pursuit of successful aging, such as poor health or lack of opportunities for active engagement, may be viewed as a constraint. The impact of these constraints will be aging that falls short of the possibilities open to older people. In that sense constraints not only restrict or limit leisure involvement, but also prohibit successful aging. However, this perspective of successful aging, while reinforcing to those in the leisure service profession, reflects a value system that may not mirror all possible approaches to later life. The premise involvement is better than uninvolved and social activity is better than solitary activity may not be accurate for all individuals. There may be circumstances supporting inactivity, or at least the curtailment of some activity, as a successful approach to later life. For example, declining health not only requires reduction in activity but also may be improved by conserving energy through reduced efforts to engage in activities. This chapter will explore the possibility constraints may not only inhibit successful aging, but also in some cases contribute to it.

One of the difficulties in examining leisure constraints in later life is the presumption underlying much of the constraints literature that engagement is preferable to disengagement and therefore the presence of constraints is somehow damaging to the individual. Within a gerontological context the issue of what constitutes “successful aging” relates to the perspective one takes on constraints. Constraints become those factors blocking the path to success in later life. And what defines success? Typically success is defined within an activity perspective, with physical activity and social contacts identified as predictors of successful aging (Phelan & Larson, 2002). It is possible successful aging does not inherently require high levels of activity. Phelan and Larson (2002) documented a failure to ask older individuals what successful aging is to them. It may be differences in health alter perspectives on successful aging. For example, an individual experiencing severe functional losses may not view success within an engagement context. Rather, success may be viewed as retention of remaining abilities. Within such a context constraints may be allies in successful aging. Katz (2000) suggested just such an alternative perspective, questioning the assumption activity is associated with well-being in old age:

Most gerontological and policy discourses pose activity as the “positive” against which the “negative” forces of dependency, illness, and loneliness are arrayed. However, retired older people understand that the expectations for them to be active present a more complex issue than that suggested by the typical positive/negative binarism inherent in the activity programs and literature. (p. 147)

Katz’s concern is nonstop activity may become the antithesis to personal growth. Those older individuals preferring their “inner” world to others’ “external” world may be pressured to remain actively engaged. In such a case constraints may actually provide refuge from a pervasive activity perspective.

Tornstam (1992) stated the concern gerontologists derive theory from their own biases and presuppositions:
“We place our own theoretical cap over the heads of old people without thinking that our points of departure for assessment are relative” (p. 223). The danger of this relativism when examining leisure constraints in the elderly is clear. Our activity preference translates into a search for whatever prevents active engagement. Again, Tornstam’s words say it best: “‘passive’ pensioners who do not share a ‘normal’ interest in career work, leisure-time activities, and keep-fit measures are regarded as problematic and in need of activation” [italics added] (p. 323). Tornstam’s proposal for a different worldview is called “gerotranscendence.”

Others also allowed for the possibility constraints may be positive in some circumstances. Elster (2000) suggested in some cases constraints might be a necessary and positive force in life. He coined the term “beneficial constraints” to suggest there may be times when individuals want to limit their freedom of choice and use self-imposed constraints as a mechanism for doing so. Later in this chapter we will discuss why older individuals may want to limit their range of possible behaviors. Shogan (2002) also pursued the theme of “enabling constraint” which actually make participation possible. For some older people, constraints may form a barrier to support a disengagement from life congruent with physical, emotional, cognitive, or financial losses. For example, an individual who has retired and is living on a fixed income may identify lack of money as a constraint to involvement in activities. The assumption may then be made that negotiating this constraint will open a range of previously constrained leisure activities. However, it may be that the individual does not have the physiological capacity for engagement and the restriction of activities is a desirable state.

The Aging of the North American Population

Most readers are probably familiar with the headlines ballyhooing the aging of our society. Clearly the number of individuals aged 65 or over is rising dramatically. The aging of the so-called baby boomers will assure this rapid increase in the number of individuals age 65 and over will continue. The statistics tell part of the story of the aging of North America. There are approximately 35 million individuals in the United States 65 or older. This is 12.4% of the population—one in every eight Americans. There is a net increase of 650 people in the 65 and over population every day. At the same time, the composition of the aging population points toward its heterogeneity. For example, the older population has more females than males—143 women for every 100 men. In addition, the proportion of the older population composed of minorities, currently 16.4%, is increasing. The profile of the aging population itself is also changing, with an increasing population age 85 years or older. The number of individuals age 65 to 74 grew eight-fold between 1900 and 2000. Over the same period of time the 75 to 84 population was 16 times larger in 2000 than in 1900 and the 85-plus population was 34 times larger (Administration on Aging, 2002).

The Canadian population is also aging. There were approximately 3.9 million Canadians 65 years of age or older in 2001, representing nearly 13% of the total population. The trend in Canada is also toward increasing numbers of older residents as a result of the aging of the baby boomers. There was a 10% increase in the number of individuals aged 65 or over between 1996 and 2002. By the year 2016, it is estimated nearly 16% of the population of Canada will be at least 65 years of age. The oldest old, those 80 and over, increased by 41.2% from 1991 to 2002, a proportion expected to expand by another 43% by 2011, when there will be 1.3 million Canadians age 80 or over (Statistics Canada, 2001).

Although individuals 65 or older are as unique as those in any other age group, examining some of the shared characteristics of members of this population can provide suggestive evidence of constraints experienced in later life, particularly in areas such as money, health, and companionship. For example, lack of money is frequently identified as a constraint. Approximately 10% of the 65 and over population were below the poverty level in 2000. Some groups of elderly experience poverty at higher levels. Over 20% of older individuals living alone were below the poverty level—22.3% of elderly African Americans and 38% of Hispanic women living alone. In addition, health-related factors function as constraints. The older an individual becomes the more likely he or she will experience health-related problems. For example, in 1999 approximately 25% of older Americans assessed their health as fair or poor. This is significantly higher than among the total population (9.2%). Among older African Americans approximately 41% viewed their health as either fair or poor. This health assessment was matched by limitations in activities. Data from 1998 indicated 28.8% of Americans between the ages of 65 and 74 experienced limitations on activities as a result of a chronic health condition. Among those 75 or over, 50% experienced limitation in activities because of chronic health problems (Administration on Aging, 2002). The living arrangements of older adults indicate why lack of companionship may be a problem, particularly among older women. The percentage of older women living
alone is the same as the percentage living with a spouse, 41%. To the extent a spouse may be a primary leisure companion, that may be a severe limitation on leisure engagement. However, the data also indicate the older population is changing in positive ways. For example, evidence shows the proportion of individuals with chronic disabilities is decreasing (Reker, 2003). In addition, the aging of the baby boomers will result in higher levels of education and income in the older population.

Perspectives on the very nature of the elderly population are also changing. Some gerontologists are shifting their focus from viewing old age as a period of decline and disability to a growth model. Advances in the medical field make it more likely people will live healthy lives well into the ninth decade of life. As a result, the notion life ends at 65 is no longer accurate, and probably never was. The later years are an opportunity for continued growth and development. Elsewhere (McGuire, Boyd & Tedrick, 1999) we have used the concept of Ulyssian living, originally discussed by John McLeish (1976) as a model for this type of aging. McLeish stated:

To gain entry to the country and company of the Ulyssian people no passport is required....Membership has nothing to do with whether one is physically well or dogged by ill-health, whether one is personable or plain, well-traveled or confined to a limited area....It is a process, not a state: a process of becoming. And great practitioners of the Ulyssian way would certainly describe themselves as voyagers, not inhabitants. (p. 285)

A large part of the older population has the potential for a Ulyssian lifestyle, marked by engagement and growth. Indeed, two of the crucial determinants of leisure, time and freedom, may be more present in post-retirement years than at any other point in life. Later life may be the leisure golden years. However, that is not necessarily the case, at least not if the golden years require engagement in a large number of activities. The reason may be found in the constraints experienced in later years.

**The Literature on Leisure Constraints and Aging**

Some of the concomitants of aging may themselves function as constraints. For example, decline in visual acuity may result in the loss of the ability to drive and therefore lack of transportation may become problematic. Similarly, reduced income resulting from retirement and reliance on social security as a major source of finances may magnify the effects of not having enough money. In addition, some constraints may shift in meaning in later life. For example parental responsibility may be a barrier to desired participation in early adulthood. Having and caring for children may intrude on choices. However, in later life the presence of children may or may not be a constraint. Utz, Carr, Nesses, and Wortman (2002) specifically identified having no living children as a constraint to social participation by elderly widows. Their rationale was children might encourage parents to remain engaged.

Unlike some of the other populations discussed in this book, there is not a dearth of research examining constraints in the later years. This is probably a result of the perspective on aging in this country. Because later life is frequently viewed as a period of loss and decline, it is natural a great deal of effort focused on studying the extent to which these losses limit involvement in daily life, particularly in areas such as social participation, physical activity, and activities of daily living. The increasing age of the older population points toward an increase in constraints affiliated with physical and cognitive decline. It is more likely an 85-year-old individual will be restricted from participating in physical activities than a 65-year-old.

There have been many “single-item” studies examining the impact of loss of some aspect of behavior. For example, Bruce, Devine, and Prince (2002) examined the relationship between fear of falling and recreational physical activity levels. According to Bruce et al., fear of falling may impact up to 30% of the elderly, and frequently results from frailty, poor balance, and immobility that accompany old age. The authors queried older women about their extent of involvement in sports or regular physical exercise. They also asked participants whether they were afraid of falling and whether they had limited their outside the home activities because of a fear of falling. They found fear of falling to be associated with a sedentary lifestyle and concluded, “even in high-functioning, healthy older women, fear of falls is common and strongly associated with restriction of recreational physical activity” (p. 88). Murphy, Williams, and Gill (2002) found similar linkages between fear of falling and activity restriction. Clearly, fear of falling, when it causes reductions in activity levels, can be viewed as a constraint. Similar studies examined factors such as income, transportation availability, health, and specific diseases or debilitating conditions in limiting activity levels.
Another approach to examining constraints in later life is to examine activity-specific constraints. Perhaps the largest area of such study has been exercise. Exercise is recognized as a crucial factor in health in the later years. As a result, exercise programs—many designed for older people, such as mall walking or water aerobics—have become common and research efforts have examined why more people do not participate in physical activity. Grant (2001) identified factors such as childhood socialization, limited early life opportunities, physical and social vulnerability (particularly among women), fear of injury, and cultural values, such as perceptions of what is age-appropriate, as potential constraints to involvement in physical activities by older people.

As older people are recognized as a potential market for a variety of leisure service providers, there will be a growing effort to examine factors, including constraints, shaping their involvement in many areas of behavior. For example, Fleisher and Pizam (2002) explored tourism constraints among older Israelis. Recognizing the senior market is important to many countries. They surveyed Israelis 55 years of age and over and found the decision to take a vacation depended on two variables: self-assessed health and income. Age did not matter. However, income, health, past vacation experience, and age (where the relationship is not linear but rather increases and then decreases over time) influenced the length of a vacation. Fleisher and Pizam's study supported the findings of most of the literature on leisure constraints in later years: income and health are critical factors in facilitating or limiting engagement in leisure.

Some of the earliest works on constraints to leisure included older people in their samples (Buchanan & Allen, 1983; McGuire, 1984; Witt & Goodale, 1981). For example, McGuire, Dottavio, and O'Leary (1986) used data from the 1982–1983 nationwide recreation survey to identify constraints to participation in outdoor recreation across the lifespan. Constraints were identified as either limitors (factors reducing participation below desired levels) or prohibitors (constraints responsible for the cessation of activities). The primary limitors experienced by older adults aged 61 to 75 were lack of time, health reasons, and lack of companions. Respondents 75 years of age and over identified the same three constraints as limitors, although health increased in prevalence while time and companionship decreased. Poor health and lack of companions were the primary prohibitors to individuals aged 61 to 75. Health and safety concerns were prohibitors to the 75 years of age and older respondents.

More recent work also examined constraints on leisure in later life (Iso-Ahola, Jackson & Dunn, 1994; Jackson, 1993; Jackson & Witt, 1994; Rogers, Meyer, Walker & Fisk, 1998). For example, Rogers et al. (1998) used focus group interviews to assess constraints in the daily lives of 59 healthy older individuals, ranging in age from 65 to 88. They addressed the following four issues:

1. In what ways do older adults encounter constraints in everyday life?
2. What is the source of the constraints?
3. How do older adults respond to constraints?
4. Can human factors research help to minimize constraints?

The focus groups began with participants being asked to discuss the last time “you really got frustrated trying to use something” and concluded with participants being asked to review a list of everyday activities (e.g., transportation, new technologies, using the library, remaining healthy, consumer-related issues, hobbies and entertainment, communication, cooking and eating, money management, home maintenance, and housekeeping) and to discuss problems related to each area. The results indicated constraints could be sorted into motor-related problems (e.g., problems with bending, balance, and walking), fine motor difficulties, visual and auditory problems, cognitive limitations (including memory and procedural knowledge), external limitations (e.g., fear of crime and dependence), and general health limitations. The most common areas where these limitations were problems included leisure activities, transportation, housekeeping, and locomotion.

The study also examined responses to limitations. The most common response to constraints was activity cessation, with nearly half of all responses being curtailment of task performance. It is particularly noteworthy that physical limitations were the cause for cessation in a variety of leisure activities, including walking, swimming, reading, dining out, traveling, library use, visiting family and friends, and dancing. Perseverance often marked by reduced speed or accuracy in performance, was another response to constraints. The study participants also used compensation as a strategy to overcome limitations. This approach included using a tool to assist in task completion, changing the environment, or changing the steps in the task. A final approach to negotiating limitations was self-improvement. For example, rehabilitating after a stroke, concentrating more to accommodate memory loss, or learning a new skill such as how to use a computer, were identified as self-improvement mechanisms. The final purpose of the study was to identify interventions that ergonomics (i.e., human factors) professionals could use to help reduce constraints. The
authors found that approximately half of the identified problems were not correctable through training or redesign. Of the half open to remediation, a number could be addressed through training (e.g., information on how to exercise safely) or redesign (e.g., providing lightweight tools for gardening).

Although Strain, Grubacic, Searle, and Dunn (2002) did not specifically address constraints in their longitudinal study of continuing and ceasing activity in later life, their findings related to correlates of continuing engagement provide at least an indication of limiting factors. The longitudinal approach in this study makes it particularly significant. Strain et al. examined changes in leisure activity from 1985 to 1993 among 308 individuals who were at least 60 years of age at the initiation of the study. Their examination included eight activities: shopping, dining out, walking, travel, outdoor yard work, church services/activities, playing cards, and theater/movies/spectator sports. In general, the younger one was the more likely to continue participation in an activity. Self-rated health, change in functional ability, educational level, gender, and not losing a marital partner were also related to continuation in some of the activities. The implication of these findings is factors such as health, age, gender, and companionship may function to facilitate or limit activity engagement.

Jackson and Witt (1994) completed another study examining change over time. They used data from the 1988 General Recreation Survey and the 1992 replication to determine the magnitude of changes in constraints over a four-year period, the extent to which the changes resulted from variations in samples and populations, and the stability of the relationships of constraints to socioeconomic variables, including age, over time. We will look only at the stability and change in the relationship of age to constraints. The pattern of the five constraints studied was consistent between 1988 and 1992. Admissions fees and charges and being too busy with work were less important to respondents aged 65 or over than to younger respondents. Lack of physical ability increased in importance. No opportunity close to home showed little variation across the ages studied, and being too busy with family was distributed in an inverted U-shaped pattern, with higher importance in middle age and lower importance early and later life. Only one constraint, lack of physical ability, was significantly different from 1988 to 1992 among the age 65 and older participants, increasing in importance over time.

There have been several studies that included age as a variable in their analysis. For example, Jackson (1993) focused on comparing varying ways of manipulating constraints data: leisure constraint categories derived from cluster analysis, item-by-item analysis, a total constraint score, and factor analysis. Part of the analysis examined the relationship of age, using six categories (18 to 21, 22 to 28, 29 to 36, 37 to 43, 51 to 65, and over 65), to the constraints identified within each analysis. Data came from the 1988 General Recreation Survey conducted by Alberta Recreation and Parks. Respondents' age was related to constraints based on the item-by-item analysis for all five of the constraints discussed. Family commitment displayed an inverted U-shaped relationship, with relatively few older and younger respondents identifying it as a constraint. The oldest and youngest respondents were more likely to identify lack of partners as a constraint than the middle-age respondents. Lack of physical ability was more likely to be a constraint for the oldest respondents than for the other age groups. Whereas being too busy with work was least prevalent among the oldest participants. Jackson also found a significant, but weak, decline in the overall intensity of constraints as the age of the respondents increased. The factor analysis yielded six factors and age was significantly related to five. Cost and accessibility declined with age. The young and old respondents more frequently identified social isolation as a constraint, whereas time commitment was lower within those two groups than among the middle-aged groups. The factor labeled “personal reasons” increased with age. Jackson’s final analysis was based on a cluster analysis. He found variations in cluster membership varied significantly based on the respondent's age. There was little variation in the “costs,” “time, costs, and accessibility,” and the “costs, facilities, and awareness” clusters. The “time” cluster exhibited an inverted U-shaped distribution across the age group studies and the “accessibility and awareness” cluster showed a U-shaped distribution. The percentage of respondents within each age group in the “relatively unconstrained” cluster increased with age.

More recently, Clayton (2002) used a concept mapping approach to study leisure constraint experienced by several groups, including college students, wilderness first responders, and older individuals. Concept mapping is an approach to developing a conceptual framework based on participant-generated data (Trochim, 1989). Clayton began his examination of constraints by asking a group of five residents in a leadership role in their retirement community to generate a list of constraints. Respondents were told “a leisure constraint is anything that gets in the way of your participation in leisure. A constraint can be something that prevents participation, or some obstacles that can be overcome in order to participate.” The participants generated a list of 51 items. These were then sorted by each participant into categories
based on shared perceived similarities of items. Multi-dimensional scaling and cluster analysis were then used to create categories of constraints emerging from the 51 items. Clayto à\nreports on all possible cluster solutions. However, we will limit our review to his eight-cluster solution, the median number of all possible cluster solutions. The eight leisure constraint categories generated from the responses of the retiree group were as follows:

1. responsibility, including items related to not wanting to take a leadership role.
2. facility management, defined by a poor coordination of activities.
3. cost, including constraints related to costs.
4. too many choices, typified by lack of motivation and inability to do all desired activities.
5. adverse effects of participation, such as fear of injury, crime, and failure to enjoy activities.
6. lack of ability and skills.
7. lack of availability, including items related to location, transportation, and weather.
8. rules/resources involving laws and legal restrictions as well as lack of partners.

Clayton concluded the nature of constraint categories varied based on the group being studied, concomitants of the aging process, and the constraints identified by the retirees reflected their role in the community, and each was active in planning activities for the community.

The research examined constraints in later life yielded expected results. Factors viewed as concomitants of aging, such as reduced income, physical decline, loss of friends, and uncertainty over the ability to keep up, function as brakes on behavior. Although these studies are of interest and provide foundations for further work, it is also useful to look elsewhere for insight into the leisure/aging/constraint link.

Theorizing about aging has resulted in many models. Articles by Schroots (1996) and Lynott and Lynott (1996) summarized many of these. The three most enduring theories in social gerontology are activity theory, disengagement theory, and continuity theory. According to Utz, Carr, Nesse, and Wortman (2002), these three are among the most prominent theories: the authors used them as a springboard to their discussion of the effect of widowhood on social participation. Similarly, the theories provide a starting point to examine constraints. We will also discuss three more recent theories: selective optimization with compensation, socioemotional selectivity theory, and gerotranscendence. Finally we examine the political economy of aging theory, because it shifts the perspective from the individual to the society and therefore provides a different perspective on the link between aging and constraints.

Early Theories

Theoretical perspectives on aging expanded in recent years. Nevertheless, the early theories presented here continue to have a presence in the literature. In addition, they provide a commonsense view of aging. Each matches up with popular conceptualizations of aging and each has merits, providing insight into potential mechanisms for successful aging. Therefore, they provide a starting point for looking at theoretical perspectives on aging.

Activity Theory

Activity theory is one of the earliest and most intuitively attractive aging theories. Its origins may be traced back to Havighurst and Albrecht (1953), although a more formal statement of the theory did not appear until 1972 (Lemon, Bengston & Peterson, 1972). At the heart of activity theory is the link between engagement in meaningful activity and life satisfaction. Successful aging is based on the ability to maintain involvement in activities. If an activity is lost (e.g., through retirement), the individual must find a replacement activity. At the core of activity theory is the importance of roles and performance as a vehicle for retaining a sense of self. We judge ourselves on how we are doing, and this in turn depends, at least partly, on what we are doing. Because aging is accompanied by role loss resulting from retirement, death of a spouse, or children leaving home, it is crucial other roles be adopted. Activity theory suggests the more active an individual is then the higher his or her level of life satisfaction. Further, activities requiring
interpersonal interaction are especially powerful in increasing life satisfaction (Lemon et al., 1972).

The theory certainly is attractive to individuals in the aging field. In spite of limited support, it still appears in the literature and continues to drive popular thinking about aging. Although activity theory is overly simplistic as an explanation for successful aging, it does provide a useful perspective on aging. Indeed there are individuals who exemplify an activity approach to later life. The popularity of programs such as Elderhostel, Senior Olympics, and community centers supports an activity perspective.

The activity theory supports the traditional perspective and approach to constraints. A constraint is anything either inhibiting or preventing the replacement of lost activities, or roles, by other activities. Constraints would influence not only activity engagement but also psychological well-being. They are also linked to low self-esteem, negative self-concept, and negative affect. The activity perspective would view constraints as age-related factors, such as decreasing physical ability, as well as socially constructed factors, such as ageism and negative stereotypes. Within this perspective, constraints such as money, time, health, and facilities might also be present.

Disengagement Theory

Disengagement theory (Achenbaum & Bengston, 1994; Cumming & Henry, 1961) sprung from an aging perspective built around social disconnection and based primarily on the social system. Its central premise is a process of disengagement is inevitable in later life. As people age it is functional for them to gradually withdraw from roles, other people, and activities. This withdrawal is mutual (the individual withdraws from society and society withdraws from the individual) and desirable. As people age, they disengage from roles and social relationships. This disengagement is permanent and beneficial. This model does seem to explain some individuals’ approach to later life. Constricting life space and restricting social interaction does appear to be a successful approach to later life for some individuals.

Disengagement theory provides an interesting perspective on leisure constraints. In some ways it is a paradoxical perspective to much of our understanding of constraints. It would suggest constraints to successful aging are things prohibiting or limiting the reduction of engagement in activities. Since disengagement theory indicates less is better, studying constraints would require examining factors that force individuals to stay active. This certainly has not been the constraint perspective commonly used. An alternative perspective would be to view constraints as positive forces in life. Disengagement implies we may welcome constraints because they limit involvement at the point in life when involvement needs to be limited.

Continuity Theory

Continuity theory, also identified as personality theory, attempted to reconcile the apparently contradictory activity and disengagement theories. Successful aging within the continuity perspective is contingent on the individual’s ability to adapt to change and to use coping mechanisms developed throughout life. Neugarten, Havighurst, and Tobin (1968) identified various patterns of aging (reorganizer, focused, disengaged, achievement oriented, holding on, constricted, succorance seeking, apathetic, and disorganized). In addition they identified four personalities (integrated, armored—defended, passive—dependent, and unintegrated) within which the patterns are expressed. Continuity requires individuals “preserve continuity of attitudes, dispositions, preferences, and behaviors throughout their life course” (Utz et al., 2002, p. 523). Successful aging depends on adjusting and adapting, using previously successful mechanisms.

Within the continuity perspective successful aging would be limited by factors intervening in the ability to use resources and compensatory mechanisms that have been effective throughout life. Constraints would be anything intervening on the prolongation of coping mechanisms. Factors traditionally examined in constraint research might operate within this realm. However, the “criterion variable” (Nadirova & Jackson, 2000) would be different under the continuity model. Rather than focusing on activity engagement (the criterion variable would be inability to start new activities, continue engagement, participate more) the continuity perspective would require viewing constraints as factors intruding upon an individual’s ability to continue lifelong patterns of coping. For example, rather than asking whether “not having anyone to do the activity with” is a factor in limiting participation, a constraint question would be framed as “What limits your ability to call friends when you need assistance?” (assuming this has been a coping mechanism).

Theories Based on an Individual Perspective

Three theories—selective optimization with compensation, socioemotional selectivity theory, and gerotranscendence—are built on the notion successful aging evolves
from what Baltes and Carstensen (1999) identified as a "redistribution of resources" by older people. They acknowledge losses as concomitants of aging, but also acknowledge the importance of older individuals reacting to these losses and not being "bullied" by them. They provide a unique perspective on losses of aging by viewing losses as counteracted by gains. As Baltes and Smith (1999) wrote, "conditions of loss, limitation, or deficit could also play a catalytic role for positive change." This paradoxical view frames constraints as necessary for true freedom since they provide the impetus for change (see the chapters by Jackson and Hutchinson & Kleiber. this volume).

Selective Optimization With Compensation

The selective optimization with compensation (SOC) theory was developed by Baltes (Baltes & Carstensen. 1996: Freund & Baltes, 1998, 2002) to reflect a process needed for continued growth in the later years. Within the SOC perspective individuals seek simultaneously to maximize gains while minimizing losses over time. Successful aging is defined as the minimization of loss and the maximization of gains. This is accomplished through the interplay of three mechanisms: selection, optimization, and compensation. SOC is based on the assumption the three processes underlie behavior and "in their orchestration, they generate and regulate development and aging" (p. 218).

Selection is the process of narrowing the range of possible activities to a smaller set and the "restriction of life domains as a consequence or in anticipation of changes in personal and environmental resources" (Baltes & Carstensen. 1996). Lang, Rieckmann, and Baltes (2002) viewed selection as the process of reducing the number of domains, goals, or activities in which one is engaged to allow an increased focus on the things most important to one's life. They illustrate selection using a leisure example: "We argue that in the context of aging, selection relates to reducing the diversity of activities (e.g., playing tennis or jogging) by excluding other activities within a domain of goal-relevant leisure activities (e.g., physical activity)" (p. 502). Selection may be as comprehensive as avoidance of an entire realm of behavior and as restricted as limited engagement in tasks within a single domain (Baltes & Carstensen, 1999). The result is the individual is able to focus energy and effort on fewer activities.

Optimization follows selection by allowing an individual to optimize engagement in a more limited activity set through utilizing remaining abilities at the highest level possible. Optimization may include focusing attention, persisting in movement toward a goal, practicing skills, acquiring new resources or skills, and devoting more time or effort to a specific activity.

Finally, compensation is the process of adapting activities and skills to shape them to meet goals. Compensation can occur through the use of external aids, increased effort, or prosthetic devices. It involves using alternative ways to reach desired goals once losses are experienced. Individuals with many resources are more able to successfully compensate for loss (Lang et al., 2002) and effectively reach desired goals.

Baltes and Baltes (1998) provided an example of SOC in their discussion of pianist Arthur Rubenstein. Rubenstein was asked how he was able to remain such a good concert pianist in his ninth decade of life. He responded that he played fewer pieces and practiced more. In addition he used variations and contrasts in speed to generate the impression of faster play. Rubenstein was reflecting selection (reducing the number of pieces he played), optimization (allowing more practice time on those pieces) and compensation (using an alternative approach to compensate for the loss of finger agility and psychomotor coordination). Baltes and Baltes (1998) summarized, "By careful selection, optimization, and compensation we are able to minimize the negative consequences from losses that occur with old age and to work on aspects of growth and new peaks of success, albeit in a more restricted range" (p. 17).

SOC implies older individuals make choices to maximize opportunities for Ulyssesian living in later life. As Baltes and Smith (1999) wrote, "In late adulthood, because of the basic architecture of the life course, selection and especially compensation become increasingly important to maintain adequate levels of functioning and permit advances in select domains of functioning" (p. 162). Within the SOC perspective there would be choices made about losses. Some would be accepted as inevitable, irreversible, and non-negotiable. For example, failing eyesight and reaction time might render driving impossible. Inability to drive will remain a constraint and there may be necessary restrictions in the freedom to come and go as one pleases. However, an SOC approach would indicate the possibility of riding with a friend, but doing so on a limited basis to not overdo it. Rather than seeking ways to retain the status quo, the SOC model requires seeking maximization of a progressively shrinking life space. Bates and Baltes concluded: "Making smaller territories of life larger and more beautiful is at the core of savoir vivre in old age" (p. 19).

Constraints might be viewed from two different perspectives within the SOC theory. First would be the tra-
additional view of constraints as those things intruding on the ability to select and to engage in activities after the process of selection, optimization, and compensation occurred. However, constraints may also limit the ability to engage in the SOC process. Evidence suggests (Freund & Baltes, 1998) using selection, optimization, and compensation may become more difficult in advanced old age, because SOC-related behaviors require resources, including efforts, skills, and organizational metastrategies, that may be lost with increasing age. Constraints, therefore, may be defined as those factors making it difficult to narrow one’s activity focus. to optimize engagement in activities, or to effectively compensate for loss. The nature of constraints shifts from factors making it difficult to participate in a wide range of activities to factors inhibiting the ability to select, optimize, and compensate.

An alternative view of constraints would view them as positive factors in successful aging, because they force individuals to initiate the SOC process required for successful aging. Constraints are the catalyst to SOC and therefore allow individuals to make smaller territories from their larger early life. In this sense constraints set older individuals free.

**Socioemotional Selectivity Theory**

The socioemotional selectivity theory focuses on social interaction and how it decreases as age increases. According to Baltes and Carstensen (1999):

the reduction in the breadth of older people’s social networks and social participation reflects, in part. a motivated redistribution of resources by the elderly person, in which engagement in a selected range of social functions and a focus on close emotional relationships gives rise to meaningful emotional experience. (p. 215)

A process similar to that identified in the selective optimization with compensation theory occurs within socioemotional selectivity, with a focus on social relationships. The goal in social relationships becomes emotional support—more peripheral relationships not providing this support are curtailed. The theory views reduction in social circles as an efficacious approach to successful aging, or as Carstensen (1993) wrote, “as I pursued a line of research initially aimed at identifying the psychopathological concomitants of social inactivity in the very old. I became increasingly convinced of the adaptive value of reduced social activity” (p. 210). She describes socioemotional selectivity as a choice by older individuals, rather than as an imposition by society, to narrow one’s social environment by reducing social contacts.

According to Carstensen (1993) social contact becomes less important to many older individuals for three reasons. First, as age increases, need for the transmission of knowledge and information through social interaction decreases. This occurs because the amount of information an individual has increases with age and therefore “information rich” contacts are less likely to occur. In addition, individuals acquire skills needed to gain information through other means, such as reading. The second reason older individuals may seek fewer social interactions is they have a decreasing need to develop a sense of self, a process requiring exposure to a wide circle of people, and an increased focus on maintaining the already established sense of self, requiring more selectivity in partners, because affirmation and support is necessary. As a result the focus shifts from seeking the widest variety of social contacts possible to seeking affirmation from a smaller circle of significant others. The final reason for socioemotional selectivity is older individuals increasingly seek social contacts because of their affective quality. The result is a preference for contact with people already known rather than seeking novel interaction. Carstensen cautions this may not be related to age per se, but rather the perceived nearness of death.

The result of all this is a reduction of social interaction accompanied by an increase in interaction with close friends and loved ones, since they are more likely to provide what is needed from social interaction. Carstensen (1993) concluded:

It may well be that old age, more than any other period in life, liberates people from the need to pursue social contacts devoid of emotional rewards, in which complex emotions dominate the affective sphere and a final integration of meaningful emotional experience can be achieved. (p. 244)

Baltes and Carstensen (1999) hinted at the relationship of socioemotional selectivity to constraints. They wrote:

By molding social environments, constructing them in a way that maximizes the potential for positive affect and minimizes the potential for negative affect. older people increase the odds that they will regulate the emotional climate, which, at the end of life, may represent the supreme social goal. (p. 216)

The ultimate outcome of socioemotional selectivity is a decrease in the size of an individual’s social circle. New friendships are less likely than earlier in life. primarily friendships lacking depth and emotional payoffs.
Constraints within this framework can serve a positive purpose by allowing individuals to limit their social circle because of health, time, and money. From a more traditional view, constraints within this theory would also be those things inhibiting the creation of a small circle of supportive friends.

Gerotranscendence

An alternative view of aging is provided in a theory called gerotranscendence (Jonson & Magnusson, 2001; Lewin, 2001; Tornstam, 1992). Gerotranscendence posits a redefinition of the self as individuals age. According to Jonson and Magnusson (2001), the theory was developed by Tornstam based on a belief that gerontological theorizing viewed activity as good and inactivity bad. He viewed this as a western perspective in that productivity was valued, whereas weakness and dependency were to be avoided. According to Jonson and Magnusson, “Tornstam set out to outline an alternative and phenomenologically inspired theory of aging where performance-oriented human qualities of the productive sphere were replaced by alternative qualities such as rest, relaxation, comfortable laziness, play, creativity and ‘wisdom’” (p. 318). The process of gerotranscendence is marked by a shift in perspective from a material one to a more cosmic and transcendent one. The transcendent individual sees the world from a new perspective, marked by decreased preoccupation with the self and material things. The link with earlier generations is strengthened. However, general social interactions may lose importance. Solitude increases in importance, as does altruism. Material things may lose importance, with this loss counterbalanced by an understanding of the freedom of asceticism. The changing worldview experienced as gerotranscendence frees the individual from traditional ways of viewing life.

From the perspective of this theory, constraints might be viewed very differently from our more traditional model. Constraints may be positive forces in developing the transcendent perspective. Decreased functional levels may make it easier to shift from egoism to altruism. Decreased financial resources may hasten the realization that material goods are not significant in successful aging. The loss of friends may enhance intergenerational appreciation. The gerotranscendental approach to the later years is a framework that causes us to reevaluate the role of constraints. A life free of constraints, with unlimited resources and unlimited time, would prevent a person from reaching the transcendent state that Tornstam viewed as a requirement for successful aging.

Theory Based on an Institutional Perspective

A very different perspective on aging and older individuals is provided by the political economy of aging perspective. McMullin (2000) viewed this perspective as shifting focus when examining problems of the aging population from the individual and his or her declining capacities to social structures. Quadagno and Reid (1999) stated the political economy approach views public policy as an “outcome of the social struggles and dominant power relations of the era, which are not merely components of private sector relationships but also are adjudicated within the state” (p. 348). Factors such as social policy and the social structure are explanations for the problems faced by older individuals. For example, decisions about medical care, retirement benefits, transportation, and food stamps programs are based on political ideology, and these decisions impact older individuals. The focus of the political economy perspective shifts from the individual’s ability to change and adapt over time, as seen in selective compensation with optimization and socioemotional selectivity, to an examination of how institutions impact well-being in the later years (Quadagno & Reid, 1999). Within this perspective constraints arise from forces outside the individual and are imposed by political structures and entities. As Quadagno and Reid wrote, political economy “emphasizes that the analysis of social policy must not only consider political, social, and economic consequences of policy provisions but also the underlying processes that create structural barriers to equality” (p. 355). The focus on constraint research within this model would be at the policy level, examining how social policies, including funding decisions, as well as the social construction of old age, create inequalities and result in constraints on individuals. It is noteworthy that few efforts to examine constraints have revolved around the examination of social policy and how policies are determined and implemented.

Alternative Perspectives on Later Life Constraints

Most constraints research starts with a question implying, or directly stating, the presumed impact of constraints. Simply put, previous research typically started with the presumption constraints negatively impact participation, although some research (Shaw, Bonen & McCabe, 1991) found otherwise. This approach is not surprising, because a primary requirement for leisure
Conclusion

Our examination of leisure constraints in the later years supports the need to expand research efforts examining leisure constraints. The possibility a category of constraints may be beneficial to successful aging and optimum leisure involvement is intriguing. We suggest expanding the conceptualization of constraint categories to include beneficial constraints and to initiate the process of determining whether it is valid. In this chapter we focused on the existence of beneficial constraints in the later years. However, it may be that others also experience beneficial constraints. For example, the presence of children may constrain leisure involvement by young couples, but may also be crucial in facilitating family bonding through leisure. Adolescents’ leisure may be constrained by their parents, but parental intervention may also protect youth from engaging in risky behavior. It is possible factors limiting some leisure behaviors may facilitate other leisure behaviors. Most previous research focused on what was lost as a result of constraints—perhaps it is time to examine what is gained.

Our argument also supports the utility of examining leisure constraints from a more theoretical perspective than has happened to date. Placing constraints within a selective optimization with compensation, gerotranscendence, or political economy of aging framework provides fresh insights into the nature of constraints. It is possible a multitude of other theories, such as exchange theory and self-determination theory, could provide insights into leisure constraints. The reverse may also be true: examining constraints may provide insight into the theory.

Like others before us, we also suggest future research expand the examination of constraints beyond their link to leisure participation. We used a successful aging perspective to anchor our examination of constraints. It would be beneficial to link constraints to other outcomes, such as quality of life, family interaction, community satisfaction, or social networks. The present state of research about constraints, leisure, and aging is incomplete. The approach taken in this chapter will, it is hoped, be a catalyst to further research designed to achieve a more detailed mosaic of the importance and role of constraints in later life.
References


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