



COMILLAS
UNIVERSIDAD PONTIFICIA

ICAI

ICADE

CIHS

Version

This is an Accepted Manuscript version

Citation for published version

Yusta Tirado R, De Gea-Grela P, García-Aguña S, Fernández-Roses D (2026);
"Relative social ageing: a conceptual framework for understanding inequalities in
later life". Working with Older People, Vol. ahead-of-print No. ahead-of-
print. <https://doi.org/10.1108/WWOP-03-2026-0018>

General rights

This manuscript version is made available under the CC-BY-NC-ND 4.0 licence

(<https://web.upcomillas.es/webcorporativo/RegulacionRepositorioInstitucionalComillas.pdf>).

Take down policy

If you believe that this document breaches copyright please contact Universidad Pontificia Comillas providing details, and we will remove access to the work immediately and investigate your claim.



Relative Social Ageing: A conceptual framework for understanding inequalities in later life

Journal:	<i>Working with Older People</i>
Manuscript ID	WWOP-03-2026-0018
Manuscript Type:	Research Paper
Keywords:	Ageing, Social Ageing, Social inequalities, Gerontology, Social determinants, Ageing theory



Relative Social Ageing: A conceptual framework for understanding inequalities in later life

Abstract

Purpose. This article proposes the concept of relative social ageing to provide a sociological framework for understanding how ageing processes are shaped by social contexts and inequalities rather than chronological age alone.

Design/methodology/approach. The paper develops a conceptual framework based on a narrative review of sociological and gerontological literature on ageing, inequality and the life course. The approach synthesises key theoretical contributions in order to articulate a relational understanding of ageing trajectories.

Findings. The concept of relative social ageing highlights how ageing experiences are structured by social position, institutional arrangements and relational environments. This perspective challenges individualised and biomedicalised understandings of ageing and emphasises the role of social determinants in shaping later life outcomes.

Originality. By introducing the concept of relative social ageing, this article contributes to sociological debates on ageing and inequality and provides a conceptual tool for analysing variations in ageing experiences across different social contexts.

Keywords: ageing; social ageing; social inequalities; life course; gerontology; social determinants; ageing theory; later life

Introduction

Population aging has emerged as a global challenge of the highest magnitude, carrying profound implications for social, economic, and public health systems (Sempere-Souvannavong et al., 2020). The World Health Organization (WHO, 2022) predicts that by 2030, one in six people globally will be aged 60 or older, representing an increase of 400 million in just a decade.

1
2
3 By 2050, this figure will double, reaching 2.1 billion, posing significant challenges to the capacity
4 of current healthcare, pension, and social service systems (WHO, 2022). This phenomenon affects
5 not only developed countries but also developing nations, with its implications varying based on
6 factors such as gender, social class, and ethnicity (Cutchin and Rowles, 2024).
7
8
9

10
11 Aging is not merely a demographic shift; it also represents a transformation in the
12 cultural and social conception of this stage of life (Hasworth and Cannon, 2015). Collective
13 perceptions of aging directly influence policy-making and the way older individuals are integrated
14 into society (Löckenhoff et al., 2009). Historically, aging has been conceptualized in diverse
15 ways, often marked by ambivalence between reverence for experience and wisdom, and rejection
16 or fear of the proximity to death (Tamas et al., 2016). This duality is evident in ancient
17 civilizations, such as the Egyptian and Greek, where elders were both respected for their
18 knowledge but also avoided or marginalized due to their closeness to life's end. In Classical
19 Greece, while philosophers like Plato viewed old age as a period of liberation from youthful
20 passions (Plato, 2009), Aristotle described it as a phase of natural decline and illness (Aristotle,
21 2000).
22
23
24
25
26
27
28
29
30
31
32
33

34 In recent centuries, aging has been shaped by socio-economic and political factors,
35 which have determined the status and living conditions of older people (Walker and Maltby,
36 2012). From the Middle Ages, when the older adults were often relegated to charity or dependent
37 on family support, to the Industrial Revolution, which introduced new problems related to labour
38 obsolescence and economic marginalization, societies have struggled to balance respect for the
39 experience of the older adults with the need to adapt to the demands of a younger workforce
40 (Martínez et al., 2002). In this context, the Contemporary Age has witnessed a profound shift in
41 the perception of aging, marked by the emergence of social security and pension systems which,
42 while improving living conditions for the older adults, have also created new challenges related
43 to the sustainability of these systems in the face of accelerated population aging (Jarzebski et al.,
44 2021).
45
46
47
48
49
50
51
52
53
54
55
56

57 Aging, therefore, cannot be understood as a uniform phase of life, but rather as a dynamic
58 stage that reflects the historical, social, and economic conditions of each era (Kazez, 2023).
59
60

1
2
3 Today, with global life expectancy on the rise, the challenges associated with aging have acquired
4 a new dimension (Ken and Fiona, 2023). It is no longer merely a question of ensuring that older
5 individuals have access to sufficient resources, but also of guaranteeing that their quality of life
6 is maintained by promoting active aging, which fosters social participation, autonomy, and
7 psychological well-being (Faber, 2015). This vision contrasts with historical conceptions where
8 aging was primarily seen as a stage of retirement and dependence (Thane, 2020).

9
10
11 In this context, the concept of active aging proposed by the WHO (2002) suggests an
12 approach centred on the promotion of health, participation, and security across all stages of life.
13 As the proportion of older adults increases, public policies must adapt to provide more integrated
14 responses that not only address physical needs, but also consider the social, psychological, and
15 cultural aspects of aging (Zittoun and Baucal, 2021). This approach recognises that older people
16 are not a homogeneous group, but that their experiences of aging are shaped by factors such as
17 gender, social class, education, and the environments in which they live (Hughes and Touron,
18 2021).

19
20
21 Moreover, aging raises fundamental questions about intergenerationality and social
22 solidarity (Albertini, 2016). Contemporary societies must face the challenge of meaningfully
23 integrating older adults, not merely as recipients of care, but as active contributors to social and
24 economic development (Galenkamp and Deeg, 2016; Pin and Spini, 2016). In this regard,
25 advances in Medicine and Information and Communication Technologies offer new opportunities
26 to improve the quality of life for older individuals, enabling greater autonomy and more active
27 participation in their communities (Falzarano, 2023).

28
29
30 Since the earliest human societies, where older individuals were revered for their
31 wisdom, to the current emphasis on active aging, attitudes towards old age have been in constant
32 evolution. This historical analysis allows us to understand how societies have managed the
33 challenges associated with aging and how these lessons can be applied to address the current
34 implications of demographic change. Ultimately, the study of aging not only involves
35 understanding demographic trends, but also addressing the dynamic relationship between older
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 adults and the societies that host them, with the aim of promoting dignified, healthy, and socially
4
5 integrated aging in the 21st century (Sobantu, 2021).
6

7 The overarching objective of this analysis is to propose a transdisciplinary approach to
8
9 address aging, emphasizing the importance of considering not only the biological, psychological,
10
11 and social factors intrinsic to older individuals, but also the extrinsic aspects related to their social
12
13 environment. It is important to highlight that aging must be understood as a complex phenomenon
14
15 that demands new techniques and theoretical frameworks to better comprehend the diversity and
16
17 heterogeneity within this group. Furthermore, this work proposes a novel approach to aging,
18
19 arguing that not only factors such as age and biopsychosocial elements influence the experience
20
21 of aging, but also that the social context and public policies play a key role in shaping this
22
23 experience. Through this analysis, the aim is not merely to reaffirm known influences, but to
24
25 expand the conceptual framework to incorporate less-explored dynamics, offering a deeper and
26
27 more nuanced understanding of how the sociopolitical environment shapes the experiences of
28
29 older individuals.
30
31

32 The methodology of this work is based on an extensive literature review, which has
33
34 facilitated a reflection on the theoretical and methodological challenges posed by aging, delving
35
36 into the significance that this approach can have in gerontology by considering its heterogeneity.
37
38
39
40

41 **Method**

42
43

44 This study employs a theoretical-analytical approach based on a critical review of the
45
46 scientific literature and an analysis of previous conceptual frameworks on aging. This approach
47
48 allows for the integration of both historical and contemporary perspectives on aging from an
49
50 intersectional viewpoint, which considers multiple identities and social factors. The objective is
51
52 to develop an updated conceptual framework that addresses the sociocultural, biological, and
53
54 psychological dynamics involved in the aging process. The study is grounded in the hypothesis
55
56 that aging is not merely a function of biopsychosocial factors and chronological age, but is
57
58 profoundly mediated by the dynamic interaction between local and global public policies, changes
59
60

1
2
3 in social structures, and the degree of inclusion in intergenerational networks. These factors, in
4 combination, may accelerate, decelerate, or alter perceptions of aging, creating a form of
5 "relative" social aging that varies significantly according to sociopolitical and cultural contexts.
6
7

8
9 The first phase involved a comprehensive review of the specialized literature on aging,
10 with a particular focus on studies that approach aging from intersectional perspectives, identifying
11 the most relevant theoretical models from a multidisciplinary standpoint. The review drew on
12 academic databases (Scopus, Web of Science, PubMed) and key sources such as scientific
13 articles, reports from international organizations (WHO, UN), and specialized books. The
14 inclusion criteria for texts were based on their theoretical relevance and empirical contribution to
15 the study of aging from social, biological, and gerontological sciences.
16
17
18
19
20
21
22
23

24 To organize this phase, a narrative review technique was applied, which facilitated the
25 identification of conceptual gaps and areas of opportunity within existing frameworks. Recent
26 research (2010-2024) was prioritized, along with classic reference studies on the topic (Rowe and
27 Kahn, 1997; Baltes and Baltes, 1990). This process enabled the synthesis of the main theoretical
28 approaches and the structuring of a critical analysis of each, focusing on their applicability and
29 limitations in contemporary contexts.
30
31
32
33
34
35

36 Following the literature review, a comparative analysis was conducted on the main
37 theoretical frameworks that have dominated the field of aging studies. These include biomedical
38 models (Cumming and Henry, 1961), psychosocial models (Erikson, 1950), and ecological
39 models (Lawton and Nahemow, 1973), as well as contemporary theories that integrate active
40 aging and healthy longevity (WHO, 2002).
41
42
43
44
45
46

47 The strengths and weaknesses of each model were identified using criteria such as
48 explanatory power, internal coherence, and applicability across diverse contexts. A deductive
49 methodological approach was employed, enabling a comparison of these models based on their
50 efficacy in capturing the complexities of 21st-century aging, taking into account factors such as
51 climate change, emerging technologies, and global demographic dynamics.
52
53
54
55
56

57 The conceptual framework design phase was structured around the integration of prior
58 findings. A new conceptual structure was developed, grouping four key dimensions of aging:
59
60

1
2
3 physical and mental health, psychological well-being, the social and environmental context, and
4
5 cultural capital. This new framework adopts a multidimensional and contextualized approach,
6
7 recognizing that aging is not a linear process but a dynamic one, situated within sociocultural
8
9 interactions.

10
11 The design was based on the principles of complexity and transdisciplinarity, ensuring
12
13 that the model is applicable in both academic research and public policy formulation. Each
14
15 dimension was defined and operationalized based on scientific literature and validated through
16
17 discussions with experts in the field of aging.

18
19 Finally, the theoretical validation of the conceptual framework was carried out through
20
21 the triangulation of theoretical sources and a critical discussion. This methodological approach
22
23 has enabled the construction of an updated theoretical framework, tailored to the contemporary
24
25 challenges of aging and with significant potential for generating future empirical research.
26
27
28
29

30 **Results**

31
32
33 To understand the concept of aging today, it is necessary to undertake a conceptual
34
35 approach, as we will see that there is a wide range of perspectives and definitions. From a
36
37 biological standpoint, aging can be defined as the result of accumulated molecular and cellular
38
39 damage over time, leading to a gradual decline in physical and mental capacities, an increased
40
41 risk of disease, and, ultimately, death (WHO, 2022). However, this biological process is not
42
43 uniform and can be influenced by socioeconomic and environmental factors, which are
44
45 interrelated with gender, ethnicity, and social class (Sgarbieri and Bertoldo, 2017). For decades
46
47 now, aging has ceased to be identified solely as a sum of physical and/or bodily changes, evolving
48
49 into something far more complex, involving significant changes in behavior, attitude, and
50
51 adaptation. These shifts have shaped the biopsychosocial approach to the phenomenon (Meier-
52
53 Ruge, 1993; Fayos, 2003).
54
55

56 This initial distinction between the biological and psychosocial aspects of aging was first
57
58 developed by Birren (1959), who began linking psychological and social aspects with health-
59
60

1
2
3 related factors, a concept that today is understood as healthy aging, and broadly, well-being.
4
5 Birren's early division not only facilitates the identification of primary aging, linked to organic
6
7 or biological processes, and secondary aging, associated with psychological and social factors
8
9 (Birren, 1964), but also reflects a paradigm shift toward a dual understanding of aging. This
10
11 approach transcends the mere distinction between biology and psychology, integrating organic
12
13 (objective) age and perceived (subjective) age, emphasizing the dynamic interaction between
14
15 biological processes and individual experiences in shaping the aging process (Gallardo-Peralta
16
17 and Sánchez-Moreno, 2021).

18
19
20 Given the variety of objective and subjective elements inherent in the concept of aging,
21
22 it is understandable that various authors have begun referring to it as a polysemic element, with
23
24 as many meanings, perspectives, and approaches as there are individuals experiencing aging in
25
26 the world (Tamer, 2008). This brings us closer to recognizing aging as a plural and diverse
27
28 phenomenon.

29
30
31 Given the wide range of aspects related to the phenomenon of aging, the focus has shifted
32
33 towards studying its causes and effects, leading to what is now known as the theories of aging
34
35 (Miquel, 2006). Due to the multifactorial and multicausal nature of the aging process, it is highly
36
37 challenging for a single theory to answer all the questions and explain the processes involved in
38
39 this stage of life (Bengtson et al., 2009). Consequently, there is currently a broad spectrum of
40
41 theories, depending on the discipline or the particular process under analysis. In fact, a review
42
43 conducted by Medvedev (1990) indicated that over 300 aging theories existed at that time, and
44
45 this number has only grown in the three decades since, with advances in gerontological research.

46
47
48 One of the leading scholars who has analyzed these theories, while simplifying the
49
50 dilemma posed by the diversity of approaches to aging, is Fernández-Ballesteros (2000). In her
51
52 reference work, "*Social Gerontology*", she categorizes biological, psychological, and social
53
54 theories that address this vital stage.

55
56
57 Biological theories of aging typically refer to the progressive inability of the human body
58
59 to maintain homeostasis as it ages (Kirkwood, 2005), or, in other words, the body's decreasing
60
ability to maintain internal stability necessary for proper functioning. Fernández-Ballesteros

1
2
3 (2000) posits that a fundamental concept shared by all biological theories of aging is the notion
4 that individuals pass through three essential stages of development: growth and development,
5 maturity, and a final stage of involution and decline. It is this final phase where most biological
6 aging theories concentrate, seeking to explain the many changes and processes that individuals
7 experience at this point in life. Another significant aspect of this perspective on aging is the
8 distinction between external and internal factors that drive these changes (González, 2010).

9
10
11
12
13
14
15
16 Key biological theories in this analysis include, firstly, genetic theories, which suggest
17 that species, including humans, have a set lifespan, with a limit to life expectancy for each (Finch
18 and Austad, 2001). Secondly, cellular theories, based on the principle that cells do not replicate
19 indefinitely, leading to the destabilization or dysfunction of chromosomes, which in turn causes
20 the aging process as we understand it (Hayflick, 1965). Thirdly, systemic theories, which identify
21 aging as the result of the deterioration of key systems vital to human development, such as the
22 nervous, endocrine, or immune systems (López-Otín et al., 2013). Finally, theories of biological
23 life events posit that the accumulation of biological life events leads to changes in the individual,
24 their aging, and ultimately, death (Fernández-Ballesteros, 2000).

25
26
27
28
29
30
31
32
33
34
35 As can be observed, biological theories of aging are profoundly influenced by the
36 inherent organic changes that occur simply as a consequence of being born, applicable to humans
37 as well as all other living beings, except in cases of mortality. Each of the developed theories
38 traces the origins of aging to various aspects; however, they all converge on a certain pre-
39 established component, which can logically be accentuated or attenuated by external factors, thus
40 determining the decline of biological functions in living organisms.

41
42
43
44
45
46
47 It is noteworthy that, while biological theories predominantly focus on organic
48 processes, recent research indicates that socioeconomic factors may accelerate or decelerate these
49 biological processes. For instance, populations residing in impoverished environments may
50 experience accelerated biological aging due to prolonged exposure to stress and adverse living
51 conditions (Sgarbieri and Bertoldo, 2017).

52
53
54
55
56
57
58 Regarding psychological theories of aging, although Fernández-Ballesteros (2000)
59 posits that no singular theory adequately explains the phenomenon as such, it is evident that these
60

1
2
3 theories possess a significant descriptive component concerning the psychological aspects
4 associated with aging processes. González (2010) asserts that numerous elements related to an
5 individual's development—and consequently to aging—affect their psyche. These include critical
6 issues such as the loss of cognitive, sensory, and perceptual functions, the deterioration of
7 memory—one of the most extensively studied aspects in gerontology—the impairment of certain
8 basic senses, and limitations in performing activities previously undertaken, among others.
9 Furthermore, it is important to emphasize that cultural expectations and gender roles may
10 influence how older individuals perceive and experience these psychological changes (Carmel,
11 2019).

12
13
14
15
16
17
18
19
20
21
22 Thus, when discussing psychological theories of aging, one can highlight developmental
23 theories, which are situated within a life context characterized by a series of stages that shape an
24 individual's psyche, potentially extending up to eight distinct phases (Erikson, 1950). The life
25 cycle approach expands upon the previous theories and allows for a much more variable series of
26 phases than those proposed by earlier frameworks, notably exemplified in the work of Baltes
27 (1987).

28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
The activity theory posits that greater levels of activity correlate with healthier aging, a
concept that is undeniably fundamental to our current understanding of aging (Havighurst, 1961).
Alternatively, continuity theory views aging not as an additional stage but rather as a continuous
phase connected to adulthood (Birren and Schaie, 1996).

In all these stages, significant elements such as experience, preparation for the
assumption of certain roles, activity, and the holistic perspective of the life cycle as a composite
of changes and adaptations play a crucial role. This perspective offers a new conception of aging
wherein, in contrast to biological theories, the individual wields considerable agency over how
their aging process will unfold and how subsequent stages will develop beyond their current
experiences.

Concluding the biopsychosocial approach to aging are the social theories of aging, which
are fundamental to the framework and development of this study. Social theories of aging seek to
comprehend and predict how older individuals adapt within society (Alvarado and Salazar, 2014;

1
2
3 Carroll et al., 2003; Dannefer and Phillipson, 2010). According to these authors, the primary
4 theories constituting this overarching category assert that the withdrawal of older individuals from
5 social interaction is itself a form of natural adaptation. This phenomenon arises, as posited by the
6 authors, from an increased focus on the individual's self, resulting in diminished interest in
7 surrounding individuals and, consequently, generating a reduction in interaction that could be
8 categorized as voluntary.
9

10
11
12
13
14
15
16 It is noteworthy that most aging theories originate from the social sciences, particularly
17 from Sociology, and are fundamentally inspired by symbolic interactionism, which understands
18 behaviour as the result of social interaction among individuals (Blumer, 1969; Mead et al., 2015).
19 Among the various theories developed from this perspective, the disengagement theory
20 (Cumming and Henry, 1961) stands out. This theory posits that as individuals age and enter the
21 phase of aging, both the individuals and society at large begin to drift apart, leading to a decrease
22 in the involvement of older adults in societal activities and, consequently, a reduction in their
23 social interaction.
24
25
26
27
28
29
30
31

32
33 Additionally, there is the subculture theory, which positions older individuals as a
34 specific social group that operates under a distinct set of behaviours, sharing characteristics
35 inherent to the aging process among its members (Cohen, 1955; Robledo, 2016; Higgs and
36 Gilleard, 2023). Furthermore, the modernization theory asserts that the roles and social changes
37 assumed by older adults within a society are inversely proportional to the degree of
38 industrialization within that society (Parsons, 1951).
39
40
41
42
43
44

45 From various social perspectives on aging, it becomes apparent that most of these
46 theories are directly dependent on the individual. In essence, few of the theories directly consider
47 extrinsic aspects of the individual that are also integral to the social environment. Consequently,
48 it is crucial to consider how social structures influence the experience of aging. These theories
49 emphasize that aging cannot be understood in isolation; familial dynamics, community support
50 networks, and social institutions play a pivotal role in shaping how individuals experience and
51 navigate their aging (Bengston et al., 2009; Turner, 2002).
52
53
54
55
56
57
58
59
60

Moreover, factors such as access to healthcare services, social support, and community integration are essential determinants that can significantly affect the quality of life for older adults (Fernández-Portero et al., 2023; Raggi et al., 2016). In this regard, social structure not only provides the context within which individuals age but also shapes their opportunities and limitations, thereby affecting their overall well-being (Gilleard and Higgs, 2008). Therefore, it is imperative to broaden the analytical framework of aging theories by incorporating a perspective that acknowledges the interrelationship between the individual and the social structures that surround them.

This is a matter that will be addressed later; however, it cannot be overlooked that social intervention, both in the processes of aging and at a broader level, operates within social environments influenced by intrinsic and extrinsic aspects of the person, group, or community with which it engages (Luna-Chávez et al., 2021), as is typically highlighted when referring to the biological conception of aging.

Similarly, social theories often overlook how discrimination based on race, gender, or class may impact the social integration of older individuals (Alvarado and Salazar, 2014; Reid and Barlow, 2020), neglecting the fact that minority groups may face greater barriers to accessing resources and support networks.

As has been demonstrated, aging can be approached from various disciplines and theories in pursuit of understanding the causes, defining the processes, and anticipating aspects that may potentially develop during this vital phase. Aging theories, developed across different disciplines and predominantly framed within a biopsychosocial approach, employ their respective resources and tools to address this phenomenon, thereby establishing a rationale and coherence for the entire process. Consequently, the synthesis of all these theories, the diverse approaches cultivated, and the myriad disciplines involved in defining the processes of aging will contribute to the heterogeneity that currently characterizes the field of gerontology.

Discussion

1
2
3 As we have observed, the approach to aging can be undertaken from various paradigms
4 and theories, which generally focus on the biological, psychological, or social aspects. However,
5 from a biopsychosocial standpoint, it is essential to move away from reductionism and rigid
6 categorization, as these dimensions are part of an inseparable whole that must acknowledge that
7 experiences of aging are not homogeneous, precisely because they are profoundly influenced by
8 intersectional factors, as previously described.
9

10
11
12
13
14
15
16 Moreover, demographic and social changes necessitate new ways to approach this vital
17 stage, incorporating aspects such as the management of new technologies (Sánchez et al., 2007),
18 the imperative adaptation of various social and healthcare systems, and the current care
19 framework (Office of Science and Technology of the Congress of Deputies, 2023), as well as a
20 shift towards a transdisciplinary perspective on aging (Salech et al., 2020). This is particularly
21 crucial at the social level, where the most recognised theories fail to address all the needs and
22 particularities of such a heterogeneous group as that formed by older individuals.
23
24
25
26
27
28
29

30 Let us begin at the beginning. As can be inferred from the review of the available
31 literature on the various approaches to this vital phase, the biopsychosocial conception of aging
32 can be summarised as a compilation of the individual's age—a condition sine qua non—
33 conditioned in turn by biological, psychological, and social factors that may exert varying degrees
34 of influence depending on the individual's life process and the axes of discrimination experienced.
35 In other words, we are confronted with a constant, namely age, alongside variable conditioning
36 factors—biological, psychological, and social—that will impact the development of the aging
37 process, which could be represented in the following manner:
38
39
40
41
42
43
44
45
46
47
48

$$49 \text{ Aging} = \frac{\text{Age}}{\text{B} + \text{P} + \text{S Factors}}$$

50
51
52 This "aging formula" is somewhat constrained by the current social diversity, an aspect
53 that is not limiting but rather enriching, albeit complexifying, and which demands new techniques
54 for approaching its reality. To illustrate this point, one can draw an analogy from physics: the
55 classical formula for measuring speed, defined as distance divided by time, became obsolete when
56
57
58
59
60

1
2
3 measuring the speed of light, giving rise to what is now known as the theory of special relativity
4 (Einstein, 1905). This paradigmatic shift exemplifies the concept of scientific revolution proposed
5 by Kuhn (1962), who argues that as anomalies accumulate which cannot be explained by an
6 existing theoretical framework, a radical transformation occurs in the understanding of the
7 phenomenon in question. In the realm of social work as a social science, it is essential to adopt an
8 open approach that allows for the review and adaptation of our theories and practices in response
9 to the changing needs of society and new knowledge. This dynamic approach enables the
10 development of more suitable models that effectively address contemporary challenges, such as
11 population aging and the impact of climate change on vulnerable groups (Braveman and Gottlieb,
12 2014; Morrow-Howell, 2010).

13
14 To advance in this evolution of the social conception of aging, the first step is to
15 acknowledge the existence of intrinsic and extrinsic factors that determine the overall sum of each
16 individual's aging process (Sgarbieri and Bertoldo, 2017). In this regard, when applying a social
17 approach, it is common for the majority of social factors affecting aging to possess an intrinsic
18 profile, that is, stemming from the individual's own social configuration. Such factors include
19 familial support (Castellano, 2014; Qureshi et al., 2023), social support (Garza-Sánchez and
20 González-Tovar, 2018; Cordella and Poiani, 2021), or issues related to the individual's
21 adaptability or learning capacity throughout their life cycle (Nikitin and Freund, 2018). As can be
22 observed, all of this depends on the individual, their resources, and social capabilities, thus
23 sidelining aspects related to the social environment that, as is well known from the perspective of
24 Social Work, hold fundamental relevance in vital processes (Rosas, 2015).

25
26 Therefore, what will henceforth be identified as social environment factors will hold key
27 relevance when conducting a study from a social perspective on aging. It is thus essential to
28 consider extrinsic factors to the individual that are inherent to the social domain, such as public
29 policies, the geographical context in which the individual is situated, various structures aimed at
30 protection, gender inequalities, prevailing conceptions of aging, criteria for full accessibility to
31 social development, and life expectancy, in order to carry out an adequate social analysis of this
32 vital phase.
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 It is fundamental to understand that, from a social standpoint, aging cannot solely depend
4 on age and the intrinsic factors of the individual, as it requires a space—namely, extrinsic
5 elements where the other factors develop, thereby influencing the individual's vital process. In
6
7 this regard, continuing from the initial development, the theoretical proposal presented here as
8
9 "Relative Social Aging" will depend on a constant—the age—along with a series of variables
10
11 (biological, psychological, and social factors), and determinants, which are the extrinsic social
12
13 environment factors that influence the aging process:
14
15
16

$$17 \text{Relative Social Aging} = \text{Age} \frac{18 \text{B} + \text{P} + \text{S Factors}}{19 \text{Social Environment Factors}} 20$$

21
22 Thus, "Relative Social Ageing" understands that ageing is not only influenced by age
23 and the various biopsychosocial processes inherent to this stage of life, but is also mediated by
24 social and contextual structures—concepts that, while not entirely new, are often left unspoken,
25 with the focus instead placed on purely intrinsic factors or those dependent on the individual. In
26
27 this regard, the configuration of the social environment in which a person finds themselves acts
28
29 not only as a backdrop to the ageing process but becomes a fundamental element that can either
30
31 enhance or limit the resources available. These structures, which include aspects such as social
32
33 support networks, public policies, and access to services, interact with individual factors, either
34
35 augmenting or diminishing elements as crucial as those traditionally considered (Bourdieu, 1986).
36
37 In this way, public policies related to protection or the promotion of autonomy, protective factors
38
39 against ageing, or the broader societal perception of this life process can shape biopsychosocial
40
41 aspects such as the presence or absence of diseases, the onset of syndromes commonly associated
42
43 with ageing, or the formal and informal support networks available to an individual.
44
45
46
47
48
49
50

51 **Conclusions**

52
53 This article has analysed the principal conceptions of ageing, a theoretical field that
54
55 continues to expand, underscoring the need for new ways of understanding ageing as a
56
57 biopsychosocial and intersectional phenomenon in order to adequately address the diverse needs
58
59
60

1
2
3 of older adults. However, despite this growing recognition, intrinsic factors are often emphasised,
4 while extrinsic factors—essential for understanding the relativity of ageing in relation to the social
5 environment—are frequently overlooked. This approach is thus critical to ensuring that policies
6 and professional practices are designed with these multiple dimensions in mind, thereby
7 promoting dignified, healthy, and socially integrated ageing for all individuals, regardless of
8 gender, ethnicity, social class, or other identities.
9

10
11
12 In this regard, the proposal of "Relative Social Ageing" and the factors it encompasses
13 offers a broader perspective on ageing, in which the overall process of an individual's ageing can
14 be analysed according to key aspects that help us better understand this increasingly prevalent
15 phase of life in our society.
16

17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
Future research can further enrich this framework, particularly through comparative
studies of ageing models that explore the applicability of various theories across different cultural
and geographical contexts, identifying the strengths and weaknesses of each explanatory model.
Issues such as education, income level, the role of technology in active ageing, sociocultural
diversity, health and illness processes—especially mental health—and aspects related to climate
change and public policy evaluation should be considered in this exploration. Ultimately, both
intrinsic and extrinsic factors must be combined to avoid simplistic and partial explanatory
models.

References

- Albertini, M. (2016), *Ageing and Family Solidarity in Europe: Patterns and Driving Factors of Intergenerational Support*, Policy Research Working Paper, World Bank.
- Alvarado, A.M. and Salazar, A.M. (2014), "Análisis del concepto de envejecimiento", *Gerokomos*, Vol. 25 No. 2, available at: <https://dx.doi.org/10.4321/S1134-928X2014000200002>
- Aristotle (2000), *Rhetoric*, Gredos, Madrid (original work published 4th century BC).

- 1
2
3 Baltes, P.B. (1987), “Theoretical propositions of life-span developmental psychology: On the
4 dynamics between growth and decline”, *Developmental Psychology*, Vol. 23 No. 5, pp.
5 611–626.
6
7
8
9 Baltes, P.B. and Baltes, M.M. (1990), *Successful Aging: Perspectives from the Behavioral*
10 *Sciences*, Cambridge University Press, Cambridge.
11
12 Bengtson, V.L., Gans, D., Putney, N.M. and Silverstein, M. (2009), *Handbook of Theories of*
13 *Aging*, Springer Publishing Company.
14
15
16
17
18 Birren, J.E. (1959), *Handbook of Aging and the Individual*, Chicago Press.
19
20
21
22 Birren, J.E. (1964), *The Psychology of Aging*, Prentice Hall.
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
- Baltes, P.B. (1987), “Theoretical propositions of life-span developmental psychology: On the dynamics between growth and decline”, *Developmental Psychology*, Vol. 23 No. 5, pp. 611–626.
- Baltes, P.B. and Baltes, M.M. (1990), *Successful Aging: Perspectives from the Behavioral Sciences*, Cambridge University Press, Cambridge.
- Bengtson, V.L., Gans, D., Putney, N.M. and Silverstein, M. (2009), *Handbook of Theories of Aging*, Springer Publishing Company.
- Birren, J.E. (1959), *Handbook of Aging and the Individual*, Chicago Press.
- Birren, J.E. (1964), *The Psychology of Aging*, Prentice Hall.
- Birren, J.E. and Schaie, K. (1996), *Handbook of the Psychology of Aging*, Academic Press.
- Blumer, H. (1969), *Symbolic Interactionism: Perspective and Method*, University of California Press.
- Bourdieu, P. (1986), “The forms of capital”, in Richardson, J. (Ed.), *Handbook of Theory and Research for the Sociology of Education*, Greenwood, pp. 241–258.
- Braveman, P. and Gottlieb, L. (2014), “The social determinants of health: It’s time to consider the causes of the causes”, *Public Health Reports*, Vol. 129 Suppl. 2, pp. 19–31.
<https://doi.org/10.1177/00333549141291S206>
- Castellano, C.L. (2014), “La influencia del apoyo social en el estado emocional y las actitudes hacia la vejez y el envejecimiento en una muestra de ancianos”, *International Journal of Psychology and Psychological Therapy*, Vol. 14 No. 3, pp. 365–377.
- Carmel, S. (2019), “Health and well-being in late life: Gender differences worldwide”, *Frontiers in Medicine*, Vol. 6, p. 218. <https://doi.org/10.3389/fmed.2019.00218>
- Carroll, L., Biggs, S. and Phillipson, C. (2003), *Social Theory, Social Policy and Ageing: A Critical Introduction*, Open University Press.
- Cohen, A.K. (1955), *Delinquent Boys: The Culture of the Gang*, Free Press.
- Cordella, M. and Poiani, A. (2021), “The social dimension of older ages”, in *Fulfilling Ageing. International Perspectives on Aging*, Vol. 30, Springer, Cham.

- 1
2
3 Cumming, E. and Henry, W.E. (1961), *Growing Old: The Process of Disengagement*, Basic
4
5 Books.
6
7 Cutchin, M. and Rowles, G. (2024), *Handbook on Aging and Place*, Edward Elgar Publishing
8
9 Limited.
10
11 Dannefer, D. and Phillipson, C. (2010), *The SAGE Handbook of Social Gerontology*, SAGE
12
13 Publications Ltd.
14
15 Einstein, A. (1905), “Zur Elektrodynamik bewegter Körper”, *Annalen der Physik*, Vol. 17 No.
16
17 1, pp. 891–921. <https://doi.org/10.1002/andp.19053221004>
18
19
20 Erikson, E.H. (1950), *Childhood and Society*, Norton.
21
22 Faber, P. (2015), *Active Ageing: A Policy Framework in Response to the Longevity Revolution*,
23
24 International Longevity Centre Brazil, Rio de Janeiro.
25
26 Falzarano, F. (2023), “Technology and older adults: Best practices for enhancing usability,
27
28 engagement, and communication”, *Innovation in Aging*, Vol. 7 No. 1, pp. 350–351.
29
30 <https://doi.org/10.1093/geroni/igad104.1167>
31
32
33 Fayos, A. (2003), *El trabajador social en el ámbito gerontológico*, Formación Alcalá.
34
35 Fernández-Ballesteros, R. (2000), *Gerontología Social*, Ediciones Pirámide.
36
37 Fernández-Portero, C., Amian, J.G., Alarcón, D., Arenilla Villalba, M.J. and Sánchez-Medina,
38
39 J.A. (2023), “The effect of social relationships on the well-being and happiness of older
40
41 adults living alone or with relatives”, *Healthcare*, Vol. 11 No. 2, p. 222.
42
43 <https://doi.org/10.3390/healthcare11020222>
44
45
46 Finch, C.E. and Austad, S.N. (2001), “History and prospects: Models of aging in the past and
47
48 future”, in Masoro, E.J. and Austad, S.N. (Eds.), *Handbook of the Biology of Aging*,
49
50 Academic Press, pp. 3–18.
51
52 Gallardo-Peralta, L.P. and Sánchez-Moreno, E. (2021), “Modelo de envejecimiento con éxito:
53
54 La relevancia de los síntomas depresivos en las personas mayores chilenas”, *Terapia*
55
56 *Psicológica*, Vol. 39 No. 3, pp. 309–328. [https://dx.doi.org/10.4067/S0718-](https://dx.doi.org/10.4067/S0718-48082021000300309)
57
58 [48082021000300309](https://dx.doi.org/10.4067/S0718-48082021000300309)
59
60

- 1
2
3 Galenkamp, H. and Deeg, D.J.H. (2016), “Increasing social participation of older people: Are
4 there different barriers for those in poor health?”, *European Journal of Ageing*, Vol. 13
5
6 No. 2, pp. 87–90. <https://doi.org/10.1007/s10433-016-0379-y>
7
8
9 Garza-Sánchez, R.I. and González-Tovar, J. (2018), “El apoyo social en la vejez: Diferencias
10 por sexo en una muestra del norte de México”, *Interacciones*, Vol. 4 No. 3, pp. 191–
11
12 198. <https://doi.org/10.24016/2018.v4n3.155>
13
14
15 González, J. (2010), “Teorías de envejecimiento”, *Tribuna del Investigador*, Vol. 11 Nos 1–2.
16
17
18 Gilleard, C. and Higgs, P. (2008), “The third age and the baby boomers”, *International Journal*
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
- Hasworth, S.B. and Cannon, M.L. (2015), “Social theories of aging: A review”, *Disease-a-*
Month, Vol. 61 No. 11, pp. 475–479. <https://doi.org/10.1016/j.disamonth.2015.09.003>
- Havighurst, R.J. (1961), *Developmental Tasks and Education*, Longman.
- Hayflick, L. (1965), “The limited in vitro lifetime of human diploid cell strains”, *Experimental*
Cell Research, Vol. 37 No. 3, pp. 614–636. [https://doi.org/10.1016/0014-4827\(65\)90211-9](https://doi.org/10.1016/0014-4827(65)90211-9)
- Higgs, P. and Gilleard, C. (2023), “The sociology of aging and social gerontology: Critical
tensions and necessary distinctions”, *Innovation in Aging*, Vol. 7 Suppl. 1, p. 671.
<https://doi.org/10.1093/geroni/igad104.2182>
- Hughes, M.L. and Tournon, D.R. (2021), “Aging in context: Incorporating everyday experiences
into the study of subjective age”, *Frontiers in Psychiatry*, Vol. 12, 633234.
<https://doi.org/10.3389/fpsyt.2021.633234>
- Jarzebski, M.P. et al. (2021), “Ageing and population shrinking: Implications for sustainability
in the urban century”, *npj Urban Sustainability*, Vol. 1, p. 17.
<https://doi.org/10.1038/s42949-021-00023-z>
- Kazez, J. (2023), “Old age as a stage of life”, *Journal of Applied Philosophy*, Vol. 40 No. 3, pp.
521–533. <https://doi.org/10.1111/japp.12646>

- 1
2
3 Ken, A. and Fiona, H. (2023), “Ageing societies and social innovation”, in *Encyclopedia of*
4
5 *Social Innovation*, Edward Elgar Publishing.
6
7 <https://doi.org/10.4337/9781800373358.ch53>
8
9 Kirkwood, T.B. (2005), “Understanding the odd science of aging”, *Cell*, Vol. 120 No. 4, pp.
10
11 437–447.
12
13 Kuhn, T.S. (1962), *The Structure of Scientific Revolutions*, University of Chicago Press.
14
15 Löckenhoff, C.E. et al. (2009), “Perceptions of aging across 26 cultures and their culture-level
16
17 associates”, *Psychology and Aging*, Vol. 24 No. 4, pp. 941–954.
18
19 <https://doi.org/10.1037/a0016901>
20
21 López-Otín, C., Blasco, M.A., Partridge, L., Serrano, M. and Kroemer, G. (2013), “The
22
23 hallmarks of aging”, *Cell*, Vol. 153 No. 6, pp. 1194–1217.
24
25 <https://doi.org/10.1016/j.cell.2013.05.039>
26
27 Luna-Chávez, E.A., Ramírez-Lira, E., Anaya-Velasco, A. and Díaz-Patiño, D.G. (2021),
28
29 “Factores psicosociales, intervención y gestión integral en organizaciones: Revisión
30
31 sistemática”, *Psicumex*, Vol. 11 No. 1, pp. 1–27.
32
33 <https://doi.org/10.36793/psicumex.v11i1.399>
34
35 Martínez, M.P., Polo-Luque, M.L. and Carrasco-Fernández, B. (2002), “Visión histórica del
36
37 concepto de vejez desde la Edad Media”, *Cultura de los Cuidados*, No. 11.
38
39 <http://dx.doi.org/10.14198/cuid.2002.11.08>
40
41 Mead, G.H., Huebner, D.R. and Joas, H. (2015), *Mind, Self and Society*, University of Chicago
42
43 Press.
44
45 Meier-Ruge, W. (1993), *El paciente de edad avanzada en Medicina General*, Profarmaco.
46
47 Medvedev, Z.A. (1990), “An attempt at a rational classification of theories of ageing”,
48
49 *Biological Reviews*, Vol. 65 No. 3, pp. 375–398. [https://doi.org/10.1111/j.1469-](https://doi.org/10.1111/j.1469-185X.1990.tb01428.x)
50
51 [185X.1990.tb01428.x](https://doi.org/10.1111/j.1469-185X.1990.tb01428.x)
52
53 Miquel, J. (2006), “Integración de teorías del envejecimiento”, *Revista Española de Geriatria y*
54
55 *Gerontología*, Vol. 41 No. 1, pp. 55–63. [https://doi.org/10.1016/S0211-139X\(06\)72923-](https://doi.org/10.1016/S0211-139X(06)72923-7)
56
57
58
59
60

- 1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
- Morrow-Howell, N. (2010), "Volunteering in later life: Research frontiers", *The Journals of Gerontology Series B*, Vol. 65 No. 4, pp. 461–469.
<https://doi.org/10.1093/geronb/gbq024>
- Nikitin, J. and Freund, A.M. (2018), "Feeling loved and integrated or lonely and rejected in everyday life: The role of age and social motivation", *Developmental Psychology*, Vol. 54 No. 6, pp. 1186–1198. <https://doi.org/10.1037/dev0000502>
- Oficina de Ciencia y Tecnología del Congreso de los Diputados (2023), *Envejecimiento y bienestar. Una radiografía de las personas mayores*, available at:
https://oficinac.es/sites/default/files/informes/OFICINAC_envejecimiento-bienestar_20231214_web.pdf
- Parsons, T. (1951), *The Social System*, Free Press.
- Pin, S. and Spini, D. (2016), "Meeting the needs of the growing very old population: Policy implications for a global challenge", *Journal of Aging & Social Policy*, Vol. 28 No. 3, pp. 218–231. <https://doi.org/10.1080/08959420.2016.1181972>
- Plato (2009), *The Republic*, Porrúa (original work published 4th century BC).
- Qureshi, A., Tariq, S. and Mubeen, B. (2023), "Social support as predictor of life satisfaction in older adults", *Journal of Professional & Applied Psychology*, Vol. 4 No. 1, pp. 53–60.
<https://doi.org/10.52053/jpap.v4i1.121>
- Raggi, A., Sarti, S. and Cottone, P. (2016), "Determinants of quality of life in ageing populations: Results from a cross-sectional study in Finland, Poland and Spain", *PLOS ONE*, Vol. 11 No. 7, e0159085. <https://doi.org/10.1371/journal.pone.0159085>
- Reid, M.C. and Barlow, A. (2020), "Social determinants of health among older adults: The role of discrimination and social integration", *The Journals of Gerontology Series B*, Vol. 75 No. 5, pp. 1001–1012. <https://doi.org/10.1093/geronb/gbz099>
- Robledo, L. (2016), "Los paralogismos de la vejez", *Revista de Estudios del Desarrollo Social*, Vol. 4 No. 1, pp. 125–140.
- Rosas, J. (2015), "La importancia del contexto en el diseño de política social", *Revista Perspectiva de Políticas Públicas*, Vol. 4 No. 8, pp. 13–26.

- 1
2
3 Rowe, J.W. and Kahn, R.L. (1997), “Successful aging”, *The Gerontologist*, Vol. 37 No. 4, pp.
4
5 433–440. <https://doi.org/10.1093/geront/37.4.433>
6
7 Salech, F. et al. (2020), “Una visión transdisciplinaria del envejecimiento”, *Revista Médica Las*
8
9 *Condes*, Vol. 31 No. 1, pp. 13–20. <https://doi.org/10.1016/j.rmclc.2019.11.011>
10
11 Sánchez, D., Eizmendi, G. and Azkoitia, J.M. (2007), “Envejecimiento y nuevas tecnologías”,
12
13 *Revista Española de Geriatria y Gerontología*, Vol. 41 No. 2, pp. 57–65.
14
15 [https://doi.org/10.1016/S0210-5705\(09\)71003-9](https://doi.org/10.1016/S0210-5705(09)71003-9)
16
17 Sempere-Souvannavong, J.D., Montoro, C., Parreño, J.M. and del Valle, C. (2020), “Respuestas
18
19 geodemográficas a los cambios del modelo socioeconómico: Visión de conjunto”, in
20
21 Escandell, V. and Ramón, J. (Eds.), *Población y territorio: España tras la crisis de*
22
23 *2008*, Comares, pp. 1–10.
24
25 Sgarbieri, V.C. and Bertoldo, M.T. (2017), “Healthy human aging: Intrinsic and environmental
26
27 factors”, *Brazilian Journal of Food Technology*, Vol. 20 No. 1, pp. 1–23.
28
29 <https://doi.org/10.1590/1981-6723.00717>
30
31 Sobantu, M. (2021), “Promoting healthy human relationships for older persons: A social
32
33 development perspective”, in Noyoo, N. (Ed.), *Promoting Healthy Human*
34
35 *Relationships in Post-Apartheid South Africa*, Springer, Cham, pp. 99–110.
36
37 Tamas, I., Tamas, C., Aginitei-Zbranca, A. and Poroch, V. (2016), “Aging in the Holy
38
39 Scripture: The human responsibility for the elderly grounded on ontology and
40
41 bioethics”, *Journal of Clinical Research & Bioethics*, Vol. 7 No. 5, 1000283.
42
43 <https://doi.org/10.4172/2155-9627.1000283>
44
45 Tamer, N.L. (2008), “La perspectiva de la longevidad: Un tema para re-pensar y actuar”,
46
47 *Revista Argentina de Sociología*, Vol. 6 No. 10, pp. 91–110.
48
49 Thane, P. (2020), “Old age in European cultures: A significant presence from antiquity to the
50
51 present”, *The American Historical Review*, Vol. 125 No. 2, pp. 385–395.
52
53 <https://doi.org/10.1093/ahr/rhaa190>
54
55 Turner, J.H. (2002), *Theoretical Principles of Sociology*, Vol. 1: The Sociological Perspective,
56
57 Springer.
58
59
60

1
2
3 Walker, A. and Maltby, T. (2012), “Active ageing: A strategic policy solution to demographic
4 ageing in the European Union”, *International Journal of Social Welfare*, Vol. 21 Suppl.
5 1, pp. S117–S130. <https://doi.org/10.1111/j.1468-2397.2012.00871.x>
6
7
8

9 World Health Organization (2002), *Active Ageing: A Policy Framework*, World Health
10 Organization.
11

12
13 World Health Organization (2022), “Ageing and health”, available at:

14
15 <https://www.who.int/es/news-room/fact-sheets/detail/ageing-and-health>
16

17 Zittoun, T. and Baucal, A. (2021), “The relevance of a sociocultural perspective for
18 understanding learning and development in older age”, *Learning, Culture and Social*
19 *Interaction*, Vol. 28, 100453. <https://doi.org/10.1016/j.lcsi.2020.100453>
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60