LATER LIFE

The Realities of Aging

Sixth Edition

HAROLD G. COX

ROUTLEDGE

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PREFACE

The demographic revolution in modern industrial nations seems to have occurred because of a decline in the crude birthrate combined with an improved medical technology's capacity to save and prolong life. The result, in all of the industrially developed nations, has been the same—a growing number and percentage of the population living to age 65 and beyond. Moreover, Donald Cowgill is projecting an ever-increasing expansion of the older population in the underdeveloped nations as well.[1] Barring unforeseen demographic changes in the near future, the number of older persons in Western Europe and the United States will continue to grow and constitute an ever larger percentage of the population.

The elderly in the United States have grown from approximately 3 million in 1900, comprising less than 4 percent of the population, to 34.9 million in 2000, comprising approximately 12.5 percent of the population. This shift in the age composition of the American population has resulted in a growing public awareness of the problems, potentials, and realities of aging. Persons in their middle years now almost uniformly expect to live to retirement age and beyond. There is widespread interest in the quality of life of older Americans, expressed both by those approaching retirement and those already there. This widespread interest and concern about the lives of older Americans has produced innumerable articles and editorials from the popular press, increased interest and research by the scientific community, and the implementation of numerous government-sponsored service delivery programs for older Americans.

This book attempts to integrate material from this proliferating body of research and writing into a meaningful discussion of the major trends and developments in the field we call gerontology. Reflecting the interdisciplinary nature of the subject, the book includes material from psychology, sociology, social work, anthropology, the biological sciences, medicine, and psychiatry. I have attempted to favor neither the medical model, which sees old age as a process of deterioration, disease, and progressive decline, nor the more recent and popular human development model, which sees old age as a period of further growth, development, and new experiences. While the later years are a further development of the individual's life history and offer opportunities for growth and new experiences, ultimately all people suffer certain health losses, and they die. Thus, I have tried to present the later phase of the life cycle as realistically as possible.

The interdisciplinary nature of gerontology tends to make texts on this subject eclectic. But in this book—written from a social science perspective—I utilize a

[1]Donald Cowgill, *Aging Around the World* (Belmont, CA: Wadsworth, 1986).

symbolic interaction frame of reference. In this way the reader is provided with a single theoretical approach to the behavioral aspects of aging.

Writing a text, much like teaching a class, involves synthesizing and organizing a variety of materials into an understandable, interesting, and challenging presentation of the facts. In the case of the textbook, the product should be interesting, understandable, intellectually challenging, and applicable to one's own life. Only you, the reader, can judge whether I have met these standards. I hope that I have. In any event, in writing a text an author inevitably learns much more than any future reader of it. His or her attempts to synthesize, organize, and present the material inevitably begin with a clear understanding of it. Thus, I have already gained much in writing this book; I have increased my knowledge of, sensitivity to, and comprehension of the realities of later life.

In order to make this textbook more user-friendly for teachers using the book in their classes, a test manual is available with questions covering each chapter. In addition, if anyone has any questions about the book, test manual, or materials included, they may contact me by sending an e-mail message to socox@isugw.indstate.edu. I sincerely hope the book will be a useful resource to you and your students.

I would like to thank all of my colleagues and friends at Indiana State University who helped and supported me as I prepared this manuscript; my students who raised questions, challenged my ideas, and thereby increased my understanding of the subject; Peggy Strobel for her careful and diligent work in preparing the manuscript; Bela J. Bogner, Wright State University; Ernestine H. Thompson, Augusta College; Franklin N. Arnhoff, University of Virginia; Martha O. Loustaunau, New Mexico State University; G. Kathleen Grant, The University of Findlay; Douglas Fife, Plymouth State College; Frank J. McVeigh, Muhlenberg College; and Gary Deimling, Case Western Reserve University, for reviewing the manuscript; and my wife for always supporting and understanding my work, however successful or unsuccessful it might be.

Harold G. Cox

CHAPTER 1

Emergence and Scope of Gerontology

The year grows rich as it groweth old, and life's latest sands are its sands of gold!

JULIA C. R. DORR
TO THE "BOUQUET CLUB"

THE ADVENT OF GERONTOLOGY

Throughout the history of the human species, men and women have clung to life and used every means available to live as long as possible. A theme running through historical records in different time periods and different cultures has been the search for a way to reverse the aging process. The search for an elixir or fountain of youth was almost universal. Leonard Breen (1970) observed that "Special foods to be eaten, special relationships to be cultivated, surgery which might be undertaken, special waters or other liquids to be ingested all were thought to be solutions by some."[1] It was not until the twentieth century, however, that the understanding and study of the aging process left the area of witchcraft and folklore and became a legitimate subject of a number of different scientific disciplines.

Moreover, during the past 40 years, aging and the field of *gerontology* have become the focus of extensive concern, discussion, editorializing, and political action. Aging has arrived as an issue and object of study; people are examining what it means to be old in America.

What accounts for this burst of interest? A number of factors might explain it—factors stemming both from individual experience and from the experience of society as a whole. The increasing number of people and the percentage of our population

living to age 65 and beyond have made the problems of aging more widespread, more visible, and ultimately more widely known. And because of this increased longevity, almost all of us at one time or another have had the experience of helping an aging relative adjust and survive under changing life circumstances.

When only a small proportion of older people experience poverty, illness, or social isolation, we may not be aware of their problems. But as the number of older people living under these conditions grows, a challenge is directly posed to our social service systems and the problem "takes off." It becomes acute enough to be discussed and debated by politicians, the media, and other concerned individuals and groups. One definite effect emerges: a growing consciousness of—and sensitivity to—the problems of older people.

As the number of older persons has grown and public awareness of problems of the aged has increased, government delivery systems for older Americans have developed, providing services such as food, employment, information, homemaking, and counseling. New paraprofessional and professional occupations deal with the problems of older people, and political action and legislation have been initiated on their behalf. Significantly, the academic community has recognized aging as a legitimate area of study.

Before this surge of interest, physicians, health practitioners, and behavioral scientists often avoided the study of aging. Perhaps concern with the illnesses and problems of younger persons seemed more directly related to a humane cause: Young people have all their lives before them, and those who help them may justifiably feel that they are contributing to the future of society.

Older people, on the other hand, have most of their mortal lives behind them. Their medical, psychiatric, and social problems are often more difficult to deal with because they are frequently complex and interrelated. Whereas the communicable diseases of the young can often be entirely cured, many of the chronic medical problems of later life cannot. At best, the illnesses of the aged can be controlled, so that a bad situation will not get worse; at worst, illnesses may resist treatment, resulting in disability and death. It is easy to understand why doctors would find more satisfaction in curing a disease than in stopping it from accelerating. But whatever the reason, in the past, older people have not received as much attention as younger people from health care and other professions.

In much the same way, psychology, sociology, and social work have not devoted as much research and attention to the problems of older persons as they have to those of younger people. Since scientists are subject to the same latent fears about aging and death that trouble the general population, they frequently find the study of aging uncongenial, if not actually depressing. Paying attention to aging processes reminds researchers that someday they too will grow old and die. As a result, the subject of aging has not received the attention it demands from scientists.

This neglect of the problems of aging appears to be over. Aging has become a legitimate subject of study, and the relevant professions as well as the public are becoming increasingly sensitive to its issues and problems. Individually, there are both personal and objective reasons for looking carefully at the later part of the life cycle. First, because all of us hope to live long lives, the better we understand this phase of the life cycle the better we can anticipate our future lives and the experiences we will confront at that time. Whereas courses in child development may help us understand our children, courses in gerontology should help us understand our future *selves*. Second, even if we are not interested in our current and future selves,

understanding the life course, including both the problems and the potentials of later life, should prove invaluable as we attempt to understand and share the lives of our older relatives and friends. Finally, anyone who is sensitive and alert to the surrounding world cannot help but be intrigued by the explosion of scientific research and information that is both prolonging life and improving the quality of the lives of older persons. From organ transplants to senior services, from hospice programs to the debate over euthanasia, from exercise programs to living wills, the field of gerontology appears to be at the forefront of a proliferation of new knowledge and understanding of the human condition.

The remainder of this chapter will provide you with an overview of the demographic trends that reveal the dramatic rise in the number of persons age 65 and older in the population.

DEMOGRAPHIC TRENDS

In 1900 there were 3.1 million Americans age 65 or older, constituting 4 percent of the population (1 in 25). In 1970, 20 million Americans were 65 or older—approximately 10 percent of the population (1 in 10). In 1980 there were 25.5 million Americans 65 or older, approximately 11 percent of the population (1 in 9). In 1990 there were 31.1 million persons 65 or older, comprising 12.5 percent of the population (1 in 8). In 2000 there were nearly 35 million Americans 65 or older, comprising 12.4 percent of the population (1 in 8). While the older population grew by 4 million between 1990 and 2000, the total population grew at approximately the same rate and, as a result, the percentage of the total population age 65 plus did not increase between 1990 and 2000. The baby boomers (those born between 1946 and 1964 when there was a very high crude birth rate) will begin retiring in 2010. This is projected to cause a dramatic increase in the older population. By 2020, the 65 plus population is projected to be 16.5 percent of the total population (1 in 6). By 2040 the 65 plus population is projected to be 20.5 percent of the total population (1 in 5) (see Table 1–1).[2]

These figures are based on the current birthrate. Should the birthrate suddenly rise, the percentage of the total population over age 65 would drop slightly. The long-range trend in the birthrate has been downward, however, and no one is predicting any dramatic reversals in the next 30 years. Any further drop in the birthrate would make the 65-and-older group an even larger percentage of the population.

The population of the 65 plus age group has grown by 3 to 4 million per decade since 1940. Growth during the 1970s exceeded earlier projections, climbing at an annual increment of 460,000. Every day approximately 5,000 persons reach their sixty-fifth birthday. Every day 3,600 persons in the same age group die. This means an increase of 1,400 persons in the 65 plus group each day. Figure 1–1 reveals how much more rapidly this age group has grown compared to the total population from 1900 to 1975. Moreover, census bureau projections indicate that the 65 plus group will be the fastest-growing segment of the population until 2040 when the last of the baby boomers reach retirement age (see Figure 1–1).

Not only are more people living to 65, but once they reach that age they live longer. Thirty-nine percent of the 65 plus age group were persons 75 and older in 1900 compared with 48 percent of this age group who were 75 and older in 2000. Similarly, 5 percent of the 65 plus age group were 85 and older in 1900 compared to 12 percent of this age group who were 85 and older in 2000. Moreover, the 85 plus

TABLE 1–1 U.S. Total Population and Population Age 65 or Older, 1990–2060

	Population (in thousands)			Percent increase from preceding decade	
Year	Total	Age 65 plus	Percent 65 plus	Total	Age 65 plus
Actual					
1900	75,995	3,080	4.1		
1910	91,972	3,950	4.3	21.0	28.2
1920	105,711	4,933	4.7	14.9	24.9
1930	122,755	6,634	5.4	16.1	34.5
1940	131,669	9,019	6.8	7.2	36.0
1950	150,697	12,270	8.1	14.5	36.0
1960	179,323	16,560	9.2	19.0	35.0
1970	203,212	20,066	9.9	13.4	21.2
1980	226,546	25,549	11.3	11.5	27.3
1990	248,710	31,242	12.6	9.8	22.3
2000	281,422	34,992	12.4	13.2	12.0
Projections					
2020	324,927	53,733	16.5	8.4	35.3
2040	377,350	77,177	20.5	7.5	9.8
2060	432,011	89,840	20.8	7.0	9.6

Note: Data from 1900 to 1950 exclude Alaska and Hawaii. All data refer to the resident U.S. population.

Sources: U.S. Census Bureau publications: *Historical Statistics of the United States: Colonial Times to 1970* (1975); *1980 Census of Population: General Population Characteristics* (PC80-1-B1); *1990 Census of Population: General Population Characteristics* (1990-CP1); *Census 2000 Demographic Profile* (www.census.gov/Press-Release/www/2001/tables/dp_us_2000.xls, accessed September 19, 2001); and *Population Projections of the United States by Age, Sex, Race, Hispanic Origin, and Nativity: 1999 to 2100* (www.census.gov/population/projections/nation/summary/np-14-a.txt, accessed September 25, 2001).

group is projected to grow more rapidly than the 65 plus group until about 2010 when cohorts born in the baby-boom generation begin to retire (see Figure 1–2).[3] Since it is the 85 plus group that makes the greatest demand for services, one can easily foresee the impact of the growth of this age group on the resources of federal, state, and local governments.

The changing age composition of the American population is best illustrated in Figure 1–3. In 1900, 4 percent of the population was 65 and older while persons 19 and younger made up 44 percent of the population. By 1980 the proportion of 65 plus persons had increased to 11 percent and that of the younger group had decreased to 32 percent. The U.S. Bureau of the Census predicts that by the middle of the next century the proportions of young persons and elderly will be almost equal, the young constituting 23 percent of the population and the elderly 22 percent (see Figure 1–3).[4]

Louis Harris and Associates (1975) believe that there are three basic reasons for the current growth of America's older population. First, the large number of people born when the birthrate was high are now reaching age 65. Second, the many

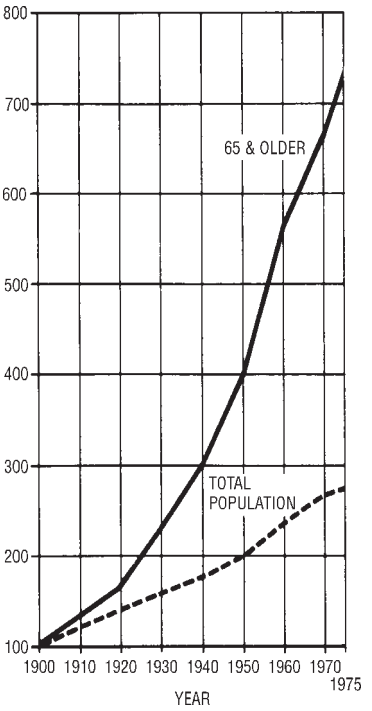

FIGURE 1–1 Rate of Increase 65 and Older versus Total U.S. Population, 1900–1975 (1900 = 100).

Source: U.S. Bureau of the Census.

young adults who immigrated to the United States during World War II are also reaching 65. Finally, improvements in medical technology have created a dramatic increase in life expectancy.

Since 1900 life expectancy at birth has increased appreciably in the United States. In 1900 it was 47.3 years; by 1950 it had increased to 68.2 years; in 2000 it had grown to 76.9 years. During the last century the life expectancy in the United States increased by 29.6 years (see Table 1–2).

From 1900 to 1970 the difference in life expectancy between males and females increased steadily. In 1900 life expectancy was 46.3 for males and 48.3 for females, a difference of two years. By 1970, life expectancy for men had increased to 67.1 while female life expectancy had increased to 74.8. Women were outliving men by 7.7 years.[5] Some demographers have speculated that the improving life expectancy of women during the last century might be attributed to improving medical technology and as a result of this the fact that considerably fewer women died during childbirth. While male life expectancy has increased dramatically during the last century, it still lags behind that of women. In attempting to explain the difference in life expectancy between men and women, demographers have observed that, in the past, men entered more dangerous occupations, were more likely to die in the early adult years during wars, and were more likely to die in accidents on and off the job.

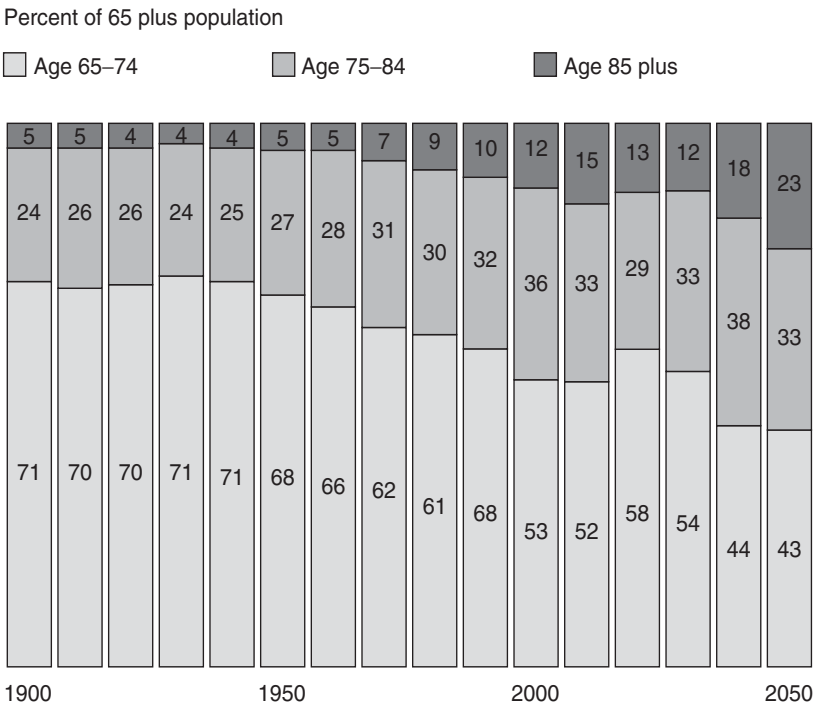

FIGURE 1–2 Age Distribution of Older Americans, 1900–2000, and Projection to 2050.

Sources: U.S. Census Bureau publications: *Historical Statistics of the United States: Colonial Times to 1970* (1975); *1980 Census of Population: General Population Characteristics* (PC80-1-B1); *1990 Census of Population: General Population Characteristics* (1990-CP1); Census 2000 Demographic Profile, www.census.gov/2001/tables/dp_US_2000.xls, accessed September 19, 2001; and "Projections of the Resident Population by Age, Sex, Race, and Hispanic Origin, 1990–2100" (www.census.gov/population/www/projections/natdet-D1A.html, accessed July 6, 2001.)

While women still have longer life expectancies than men, the difference has been gradually declining since 1970. In 1970 women outlived men by 7.7 years; in 1980 women outlived men by 7.4 years; in 1990 women outlived men by 7 years; and in 2000 women outlived men by 5.4 years.[6]

There are no definitive answers for why the male/female differences in life expectancy have been declining since 1970. Some would speculate that during this time more women entered the labor force and more entered occupations that were more stressful, sometimes more dangerous, and that were earlier most often men's occupations. Perhaps, therefore, they are suffering and sometimes dying from some of the occupational stresses that previously most often took men's lives. Others would argue that new medical technology has reduced some of the previous health problems that used to take more men's than women's lives. From heart transplants to artery and valve replacement to clearing arterial plaque, the medical technology that is saving the lives of heart patients continues to grow. Some believe that by reducing the

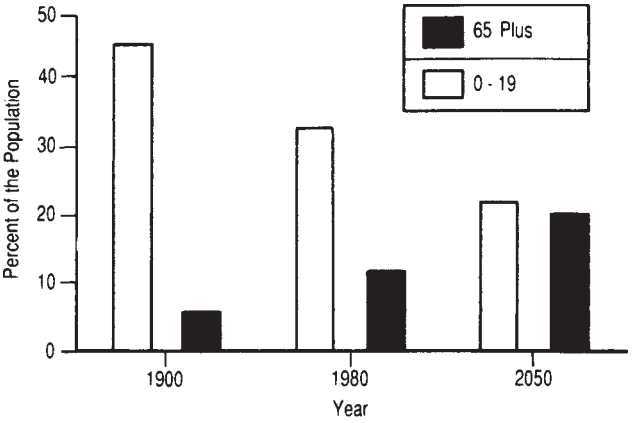

FIGURE 1–3 Actual and Projected Change in Distribution of Children and 65 plus Persons in the Population, 1900–2050.

Source: U.S. Bureau of the Census, *Current Population Reports,* Series P-25, No. 952; and Census of the Population, 1900.

number of deaths attributed to heart disease more men's than women's lives have been saved, which could account for the slightly reduced difference in life expectancy.

Others observe that between 1900 and 1970 thousands of young men lost their lives in World War I, World War II, the Korean conflict, and the Vietnam War. This undoubtedly reduced the life expectancy of men while having virtually no impact on women's life expectancy. This may explain why the gap between men's and women's life expectancy continued to increase during this time. From 1970 to 2000 there were no world wars and the Desert Storm conflict lasted only a few months and took considerably fewer young men's lives than the earlier wars in the twentieth century. Some would argue that this is why the difference in male/female life expectancy has declined since 1970, but no one knows for sure. Demographers will continue to follow the data and attempt to determine the reason for any changes that occur.

TABLE 1–2 Life Expectancy at Birth and at Age 65 in Years, by Sex, 1990, 1950, and 2000

	At birth			At age 65		
	Total	**Male**	**Female**	**Total**	**Male**	**Female**
1900	47.3	46.3	48.3	11.9	11.5	12.2
1950	68.2	65.6	71.1	13.9	12.8	15.0
2000	76.9	74.1	79.5	17.9	16.3	19.2

Sources: National Center for Health Statistics, *Health, United States, 2000*, (2001): Table 28; and A. M. Minino and B. L. Smith, *National Vital Statistics Reports* 49, no. 12 (2001): Table 6.

Life expectancy at birth is the average number of years a person can expect to live from the time he or she is born. For every child who dies in the first few months of life, others must live to a very advanced age for the entire population to have an average life expectancy of 76.9 years, which was the figure given by the census bureau in 2000. Since people die at any age in life, those who reach age 65 are a select group who have survived many health problems and other obstacles along the way. Currently, those who reach age 65 have an average life expectancy of another 17.9 years: men an average of 16.3 years and women an average of 19.2 years. This means those who reach age 65 in 2000 can expect to live 6 years longer than those who reached age 65 in 1900 (Table 1–2).[7]

Between 1900 and 1950 the increase in life expectancy came about primarily because of a decrease in mortality among the younger age groups. Stated simply, a larger number of persons reached the older ages, but once there they did not live much longer than the previous generation. Since 1950 life expectancy for the older age groups has begun to gradually increase. Life expectancy at age 65 went from 13.9 years in 1950 to 17.9 years in 2000, an increase of four years (Table 1–2). In 1950 less than one-third of persons 65 and older were beyond age 75. By 2000 nearly half of the older Americans were 75 or older. The 85-and-older group of the population is gradually increasing also. In 1950 the 85-and-older age group constituted 5 percent of the 65-and-older population. By 2000 they constituted 12 percent of the older population and by 2050 they are projected to constitute 23 percent of the older population (Figure 1–2).

Since 1970 white men's life expectancy at age 65 has increased slightly faster than white women's, black men's, or black women's. From 1970 to 2000 life expectancy for white men increased by 3.2 years from 13.1 in 1970 to 16.3 in 2000. During this same time period white women's life expectancy at age 65 increased by 2.3 years from 17.1 in 1970 to 19.4 in 2000. Similarly, black men's life expectancy at age 65 went up by 1.7 years from 12.5 in 1970 to 14.2 in 2000. Black women's life expectancy at 65 during this time increased by 2 years from 15.7 in 1970 to 17.7 in 2000.[8] As a result of medicine's current interest and research on the chronic health problems of older persons, gains in life expectancy for the older age groups is expected to continue for some time.

While improving medical knowledge and technology is expected to continue to gradually increase life expectancy in the United States, scientists believe that it will also continue to increase worldwide. Japan currently has the world's highest life expectancy which in 2001 was 81 years. Estimates in the early 2000s indicated that HIV/AIDS-plagued countries in Africa had the lowest life expectancy with Mozambique at 34 years and Botswana and Lesotho at 37 years.[9]

Whether the United States could or could not achieve the same life expectancy as the Japanese is debatable. If all Americans achieved the life expectancy of the more advantaged groups there would be an overall improvement. Life expectancy would rise if blacks had the same mortality rates as whites.

A third factor suggesting improvement in life expectancy may be the amelioration or control of life-threatening health problems such as those related to smoking, obesity, high blood pressure, and high cholesterol. All of these are amenable to control. Healthier lifestyles and medical intervention are most likely to result in a later onset of some diseases and a longer life expectancy. Smoking appears to be a declining risk factor. The national center of health statistics reports that in 1965, 42 percent of Americans 18 and older smoked. In 1992, 27 percent of Americans 18 and older smoked.[10]

Not only are people all over the world living longer on the average; they are achieving life spans that are unprecedented. In the United States the 1980 census counted 15,000 Americans over the age of 100. In 1990 the census counted 30,000 people over the age of 100. At this rate demographers predict there will be 1.5 million centenarians alive in 2050.

Formerly, those diseases that took large numbers of young people's lives were communicable diseases—those traceable to viruses or bacteria. Medical science, in working to immunize the population against smallpox, diphtheria, measles, and mumps, has done much to control the kinds of diseases that kill young people. Older Americans are affected less by acute communicable diseases and more by chronic conditions and the deterioration of vital body organs. The major health problems of older persons are related to circulatory failure and include heart attacks, cerebrovascular disease (strokes), and atherosclerosis (hardening of the arteries). A second major health problem in the older population is cancer—a breakdown in body chemistry in which malignant cells divide and redivide abnormally fast. Both heart disease and cancer have been more serious for men than for women. As Table 1–3 indicates, the leading causes of death for persons 65 and older in 2001 were first heart trouble, second cancer, and third strokes. These were followed by obstructive pulmonary disease which includes bronchitis, emphysema, asthma, and other chronic respiratory disease; then pneumonia and influenza, diabetes, Alzheimer's disease, kidney disease, accidents, and septicemia (a blood poisoning caused by bacterial infection).

In 2000 nearly 600,000 persons 65 and older died of heart disease, which accounted for 33 percent of all deaths for this age group. This was followed by cancer,

TABLE 1–3 Leading Causes of Death for Americans Age 65 or Older, 2000

Cause of Death	Percent of Deaths, Persons 65 plus
All causes	100
Heart diseases	33
Cancer	22
Stroke	8
COPD*	6
Pneumonia, influenza	3
Diabetes	3
Alzheimer's disease	3
Kidney diseases	2
Accidents	2
Septicemia	1
Other causes	17

*COPD = Chronic obstructive pulmonary diseases, which include bronchitis, emphysema, asthma, and other chronic respiratory diseases.

Source: A. M. Minino and B. L. Smith, *National Vital Statistics Reports* 49, no. 12 (2001): Table 7.

which accounted for 22 percent, and strokes, which claimed 8 percent (see Table 1–3).

The 1980s and 1990s saw deaths from heart disease and stroke decline steadily for those between 65 and 74. Christine Himes (2001) attributes the lower number of deaths from heart disease to such lifestyle changes as low-fat diets, more exercise, smoking cessation, and medicines that control high blood pressure.[11]

Cancer deaths have actually increased among older Americans in recent decades, probably because the progress in heart disease has permitted more older persons to live long enough to die from cancer. While cancer deaths have increased overall there are some notable exceptions. Deaths from stomach cancer have fallen since 1930, probably because Americans eat less, smoke less, and have fewer salted foods than they did previously. A decline in uterine cancer among women is attributed to routine medical screening which detects the problem earlier and allows for effective treatments. Other lifestyle changes have shown improvements in the health of select groups of older persons. Male deaths from lung cancer have fallen as a result of declines in smoking among this group in recent decades. Women, on the other hand, have experienced climbing death rates from lung cancer because recent generations of elderly women are more likely to have smoked than the generation that preceded them.[12]

Chronic conditions among old people are a primary cause of disability in old age. Some of the chronic conditions can lead to the individual's death but many do not. Figure 1–4 indicates the major chronic conditions experienced by older persons; four out of five have at least one chronic condition and many have more than one.

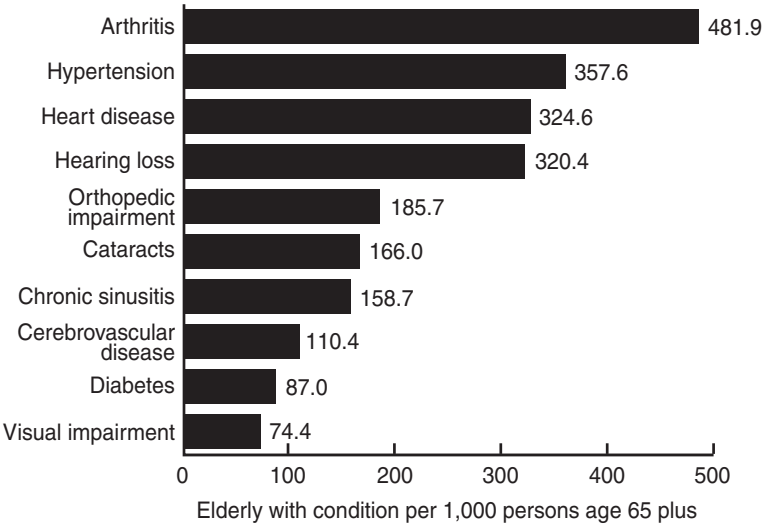

FIGURE 1–4 Major Chronic Health Conditions for Elderly Americans, 1992.

Source: National Center for Health Statistics, *Vital and Health Statistics Series 10,* no. 189 (1994), 83–84.

Note: Rate calculated for persons not living in a nursing home or other institution. People may have multiple health conditions.

The most common of these are arthritis, hypertension, heart disease, and hearing impairments. These four conditions together account for approximately 60 percent of all the chronic diseases reported by the community-based elderly[13] (see Figure 1–4).

In addition to physical disorders a number of mental conditions also place limits on the older person's lifestyle. Alzheimer's disease, the leading cause of dementia in old age, affected an estimated 38 million elderly in 1990.[14] The risk of Alzheimer's disease rises from less than 4 percent of noninstitutionalized persons age 65 to 74 to approximately half of those persons age 85 and older. Depression often caused by poor physical health and the fear of impending death is a major health problem among the elderly and has been linked to the high suicide rate among older white men. White men over the age of 85 are six times more likely to commit suicide than the general U.S. population.[15]

George Maddox (1982) has criticized medicine's neglect of the problems of aging. He contends that the United States spends much more money on spectacular medical achievements, such as heart transplants and artificial kidney treatment, than on preventive care—especially for older people. Maddox also argues that we do not care for older Americans until they are so sick that they require hospitalization, which only raises the cost of treatment.[16]

Gerontologists believe that there are two general strategies for increasing life expectancy. One is to conquer disease. They believe that if death from cardiovascular disease and malignancy were eliminated, life expectancy could be increased by 5 to 15 years. The second strategy is to alter the biological processes that are thought to promote aging while being independent of disease. This would require research into the biochemistry of aging people to discover the factors controlling the rate of aging. Gerontologists hope that medical science can eventually control that rate, rather than focus primarily on controlling disease.[17]

Pressure from such critics as Maddox may encourage medical science to attempt to control the diseases of later life as well as the rate at which people age. Once the resources of the medical profession are directed toward the problems of aging, the results could be impressive. Although no fountain of youth would spring up, a further increase in the life expectancy of older Americans might reasonably be anticipated.

Although the number of persons reaching age 65 is expected to increase for the foreseeable future, the increase should prove gradual rather than dramatic between now and the year 2010. The reason for this is the low birthrate during the 1930s. Since the people born in that decade will be retiring between now and the year 2010, the increase will be gradual. Also, the *dependency ratio* will probably not change appreciably in the next 20 years (see Figure 1–5). The dependency ratio is the ratio of those in the work force to those out of the work force. Thus most people under 18 and over 65 are out of the work force and depend on those between 19 and 64 to produce the goods and services they need. Since those born in the baby boom following World War II are now part of the labor force, they are in effect keeping the dependency ratio lower than it would otherwise be.

The initial problem with the baby boom generation was finding enough jobs for them when they were in their early twenties and entered the job market. The unemployment rate was a concern at that time. The next major problem, however, is expected in the year 2010 and thereafter when these baby boomers begin to retire. Business and industry may well experience labor shortages then. Proportionately fewer people will be contributing to social service programs for older Americans

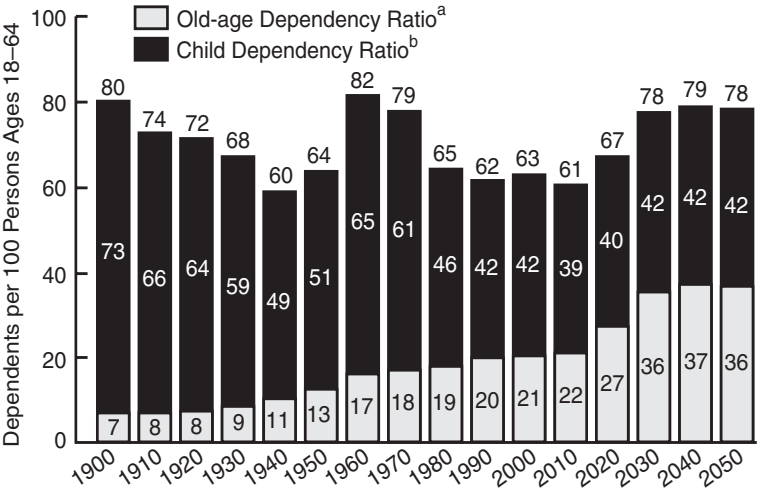

FIGURE 1–5 Dependency Ratios for Child and Older Populations, United States, 1900–2050.

Source: U.S. Bureau of the Census, *Historical Statistics of the United States: Colonial Times to 1970* (Washington, DC: GPO, 1975); and *Current Population Reports P25-1104* (Washington, DC: GPO, 1993), Table 2.

[a]Old-age dependency ratio is the number of persons age 65 and older per 100 persons of working age (ages 18–64).

[b]Child dependency ratio is the number of children under age 18 per 100 persons of working age (ages 18–64).

which means the dependency ratio should increase dramatically. One can only imagine the changes this may entail in production, taxation, and the support system for older Americans. There is an additional question: Will taxpayers in their working years be willing to be taxed more heavily to support this large group of retirees?

Aging by Sex Ratio

At every age, male mortality exceeds female mortality. As a result, in 2000, elderly women outnumbered elderly men 3 to 2, a change from 1930 when they were nearly equal in number (as a result of the fact that immigrants were most likely to be men and large numbers of immigrants came into the country from 1900 to 1930). The differences between the number of men and women grow with advancing age. At ages 65 to 69, women outnumber men 5 to 4; for those 85 years and over, women outnumber men 5 to 2.[18]

In 1990, 68 percent of the American population age 80 years and older were women. In 1990, the sex ratio (males per 100 females) in the United States was 42 for persons age 85 to 89, and 27 for persons age 95 to 99. By comparison the sex ratio was 81 for persons age 65 to 69 (see Figure 1–6). The female advantage in life expectancy has been expanding for decades (see Table 1–4). In 1930 the sex ratio for persons 85 and over was 75; by 1990, it was 39. This trend may be altered in the next century if

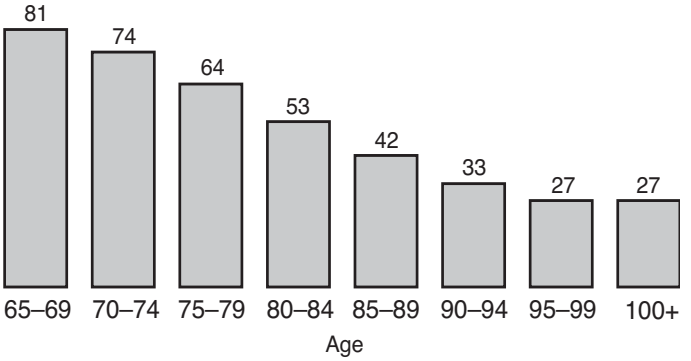

FIGURE 1–6 Number of Men per 100; Women, by Age: 1990.

Source: U.S. Bureau of the Census, 1990 Census of Population and Housing, Series CPH-L-74*, Modified and Actual Age, Sex, Race, and Hispanic Origin Data.*

TABLE 1–4 Balance of Males and Females 85 Years and Over: 1930 to 2050 (Sex ratio is males per 100 females 85 years old and over)

Year	Sex ratio	Excess of females (thousands)
1930	75.4	38
1940	75.0	52
1950	69.7	103
1960	63.9	205
1970	53.3	430
1980	43.7	877
1990	38.6	1,339
2030	52.0	2,647
2050	57.8	4,727

Sources: U.S. Bureau of the Census, 1930 and 1940 from 1940 Census of Population, Volume IV, Part 1, *Characteristics by Age*, table 2; 1950 from *Estimates of the Population of the United States and Components of Change, by Age, Color, and Sex: 1950 to 1960*, Current Population Reports, Series P–25, No. 310, U.S. Government Printing Office, Washington, DC, 1965; 1960 and 1980 from 1980 Census of Population, PC80–B1, *General Population Characteristics*, table 45; 1970 from unpublished tables consistent with *United States Population Estimates by Age, Race, Sex, and Hispanic Origin: 1988*, Series P–25, No. 1045, U.S. Government Printing Office, Washington, DC, 1990; 1990 from 1990 Census of Population and Housing, Series CPH–L–74, *Modified and Actual Age, Sex, Race, and Hispanic-Origin Data; 2030 and 2050* from *Population Projections of the United States, by Age, Sex, Race, and Hispanic Origin: 1992 to 2050*, Current Population Reports, P25-1092, U.S. Government Printing Office, Washington, DC, 1992 (middle series projections).

relative mortality trends do not change significantly from what they have been in recent years. Men age 85 and over are expected to increase their numbers relative to women. By 2050, the sex ratio is projected to be 58 for persons 85 and older.

Most women marry men that are a year or more older than they are. Since the life expectancy for women is a few years longer than for men, most older women will outlive their husbands by a few years. Moreover, older women who are widowed are much less likely to remarry than men. If their husband's income was the primary source of family support, they are much more likely to have a considerably reduced income following the death of their spouse. As a result of these factors, older women are more likely to be living alone, to be poor, to enter a nursing home, and to depend on someone other than a spouse to care for them in their final years.

The last half century has brought about many changes in family and work patterns of American women. Considerably more women are engaged in full-time careers regardless of their marital and family status. This will, in all probability, mean that future generations of older women will have retirement incomes independent of their husband's income. The result should be a more adequate income and higher standard of living for older women. On the other hand, declining rates of marriage and higher divorce rates during this same time period will still mean that a high proportion of older women will spend their last years living alone.

Aging by Race

Currently, the elderly population is predominantly white, but we can expect to see more racial diversity and more persons of Hispanic origin within America's population in the future.

In the United States the older population is becoming more racially and ethnically diverse and is expected to continue to do so for the next 50 years. As Figure 1–7 indicates, in 2000 the 65 plus population was comprised of 84 percent non-Hispanic whites, 8 percent were black non-Hispanic, 5 percent were Hispanic, and 4 percent were other. By 2050 the diverse nature of the older population is expected to increase: The elderly non-Hispanic older white population is expected to be reduced from 84 to 64 percent of the population; elderly black non-Hispanics are expected to increase from 8 to 12 percent of the population; elderly Hispanics from 5 to 16 percent of the population, and others from 4 to 7 percent of the population (see Figure 1–7).

Most people are more willing to take the risk of moving to a new country in their young adult years. Therefore, we most often think of immigrants as younger. U.S. immigration policy, however, allows parents and family members of younger immigrants to move (immigrate) into the country more easily. The result of this policy is the more frequent immigration of older persons, which has resulted in a more diverse older population.[19]

Aging by Marital Status

The individual's ability to cope with life changes and the inevitable losses of the later years often depends on his or her marital status and living arrangements.

As Figure 1–8 indicates for the 55 to 64 age group, the 65 to 74 age group, and the 75 plus age group, the most unhappy and dissatisfied persons are those living alone. Looking at just the 55 to 64 age group, we see that 51 percent of those living alone are dissatisfied with life, 39 percent of those living with someone other than a

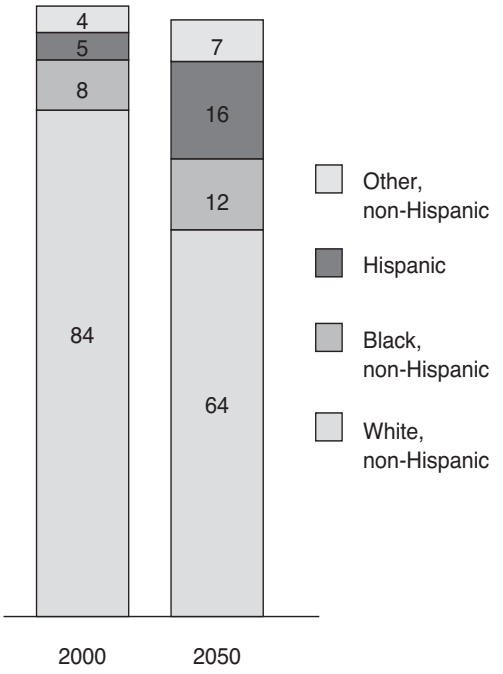

FIGURE 1–7 Elderly Americans by Race and Ethnicity, 2000 and 2050.

Sources: U.S. Census Bureau, *Census 2000 Demographic Profile* (2001); and U.S. Census Bureau, "Projections of the Resident Population by Age, Sex, Race and Hispanic Origin, 1999–2100" (www.census.gov/population/www/projections/naatdel-D1A.html, accessed September 19, 2001.)

Note: The 2000 figures refer to residents who identified with one race. About 2 percent of Americans identified with more than one race in the 2000 Census.

spouse are dissatisfied with life, and 30 percent of those living with a marital partner are dissatisfied with life. The pattern for all three older age groups is the same. The married couples are the least dissatisfied with their lives, those living with someone other than a spouse are somewhat more dissatisfied, and those living alone are the most dissatisfied (see Figure 1–8).

If being married makes you more satisfied with your life in later years, then men have an advantage over women. As Figure 1–9 indicates, 75 percent of the men age 65 plus are married compared to 44 percent of the women. While only 15 percent of the older men are widowed, 45 percent of the older women are widowed. The percentage divorced is 7 percent for both men and women and the percentage never married is 4 percent for both men and women (see Figure 1–9).

Because there are more older women than there are older men, following the death of a partner or a divorce a man who wants to remarry in the later years can easily do so. It is more difficult for a woman wanting to remarry in later life to find an available partner. Moreover, a compounding factor to the unbalanced sex ratio in the later years is the fact that men tend to marry younger women at any age in life, and these age differences become wider as men reach middle and older age. It has

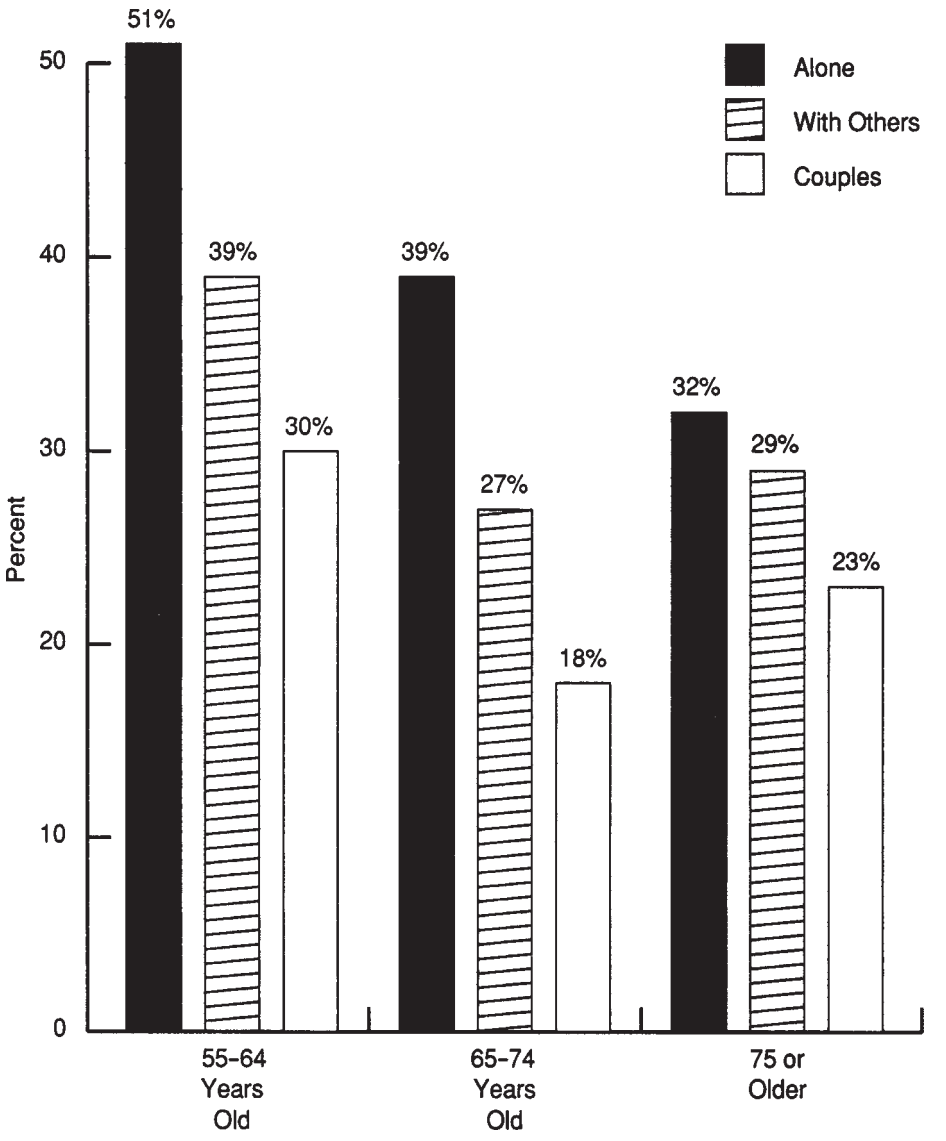

FIGURE 1–8 Dissatisfaction with Life by Age and Living Arrangement.

Source: Beth J. Soldo and Emily M. Agree, "America's Elderly," *Population Bulletin* 43, no. 3 (Washington, DC: Population Reference Bureau, 1988), 24.

also been argued that men in middle and older age with secure incomes have generally been able to find younger women who are willing to marry them.

Because of all of the above factors, older men are considerably more likely to be living with a spouse, at present, than are older women. Conversely, because of their much greater risk of widowhood and the reduced opportunity to remarry following the death of a spouse, older women are much more likely to be living alone than are older men. Moreover, the older the woman is the less likely she is to be married

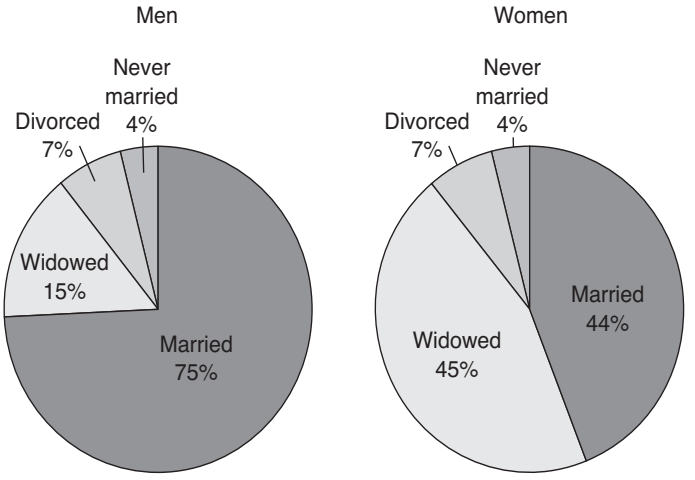

FIGURE 1–9 Marital Status of Men and Women Age 65 or Older, 2001.

Source: PRB analysis of the March 2001 Current Population Survey.

Note: Percentages may not add to 100 because of rounding. "Married" includes persons who remarried after divorce or widowhood.

and the more likely she is to be living alone. In 2001 only 13 percent of the women in comparison to 53 percent of the men 85 and older were married.[20]

CONCLUSION

From the moment of conception to the moment of death, aging is experienced by the human organism. Throughout the early years of life, aging involves physiological growth and development; it is therefore generally viewed favorably by the individual and by significant others in his or her environment. Adult life and middle age tend to be periods of physiological stability and increasing social power and privilege, but parts, nevertheless, of the lifelong aging process. Old age may be seen as a period of physical decline as well as declining social prestige. All of these are parts of one's life course, but it is not difficult to understand why older age is often negatively labeled by the general population and regarded with considerable aversion by those entering their later years. Research indicates, however, that the lives of older persons are not nearly as foreboding or as unhappy as the public believes. Most older persons lead reasonably healthy, happy, and fulfilling lives, just as do all other age groups. Moreover, older persons have the same opportunity for growth, development, learning, and new experiences that one finds at any age in life. Having raised their families and retired from work, they are in all probability freer than any other age group to choose the new or old activities in which they will participate.

Joan Arehart Treichel (1980) distinguishes chronological aging, primary aging, and secondary aging. *Chronological aging* is the time that elapses from birth. It assumes importance in the human life cycle by providing others with some clue to the roles and patterns of behavior expected of us as members of a particular age group. The

behavior of a 5-year-old is quite different from that of a 45-year-old. Since old age is negatively defined, many Americans invest a great deal of time and money in looking young. Jack Benny made a lifetime joke of always being 39, thus avoiding the problems of old age.

Primary aging consists of the biochemical changes that accompany chronological aging. These include the daily loss of thousands of cells in the brain, a tendency for facial skin to dry out by age 30, and gradual deterioration of parts of the body, until finally death occurs. Primary aging is considered to be genetically determined to some extent.

Secondary aging is primary aging that has been accelerated as a result of a lifetime of stresses—emotional tension, physical trauma, disease, or other insults to the body.[21]

We cannot slow down chronological aging. But scientific knowledge may allow us to better understand the processes of aging and, by suggesting changes in lifestyle, help us prevent various kinds of secondary aging and possibly slow down primary aging.

Many younger people feel that aging is simply not relevant to them, that older people have their best years behind them, that there is at most a hopeless gap in lifestyles and aspirations between younger and older people, and that the mere thought of getting old and dying is depressing. Thus, younger people often avoid studying problems of aging.

Richard Kalish (1975), however, argues that anyone concerned with the maintenance of human dignity must understand the entire life cycle, including the later years. He points out a number of reasons that the study of later life should be important to each of us, including:

1. To participate in providing resources for those who are old today and for those who will be old tomorrow (that's us, you and me) so that they—and we—can lead more satisfactory lives during the later years;
2. To enable us to better understand the aging process so that we can lead more satisfactory lives ourselves today;
3. To place the earlier years of the life span in proper perspective and to perceive individual development as a lifelong process.[22]

The chapters that follow will examine some of the basic developments, opportunities, problems, and adjustments of aging. The lives of older Americans will be viewed from the context of the entire life cycle, and as much pertinent information will be presented as space allows. Gerontology, perhaps more than any other subject, utilizes an interdisciplinary approach. While the perspective of this text may be slightly biased in favor of the sociological view, findings from biological, psychological, economic, political, and anthropological studies will also be included. It is hoped that such a presentation will enhance the reader's understanding of the roles and lives, the lifestyles and behavior patterns of older Americans.

KEY TERMS

chronological aging *17*
dependency ratio *11*
gerontology *1*
primary aging *18*
secondary aging *18*

NOTES

1. Leonard Breen, "The Discipline of Gerontology," in *The Daily Needs and Interests of Old People* by Adeline M. Hoffman (Springfield, IL: Chas. C Thomas, 1970), p. 10.
2. Christine Himes, "Elderly Americans," *Population Bulletin, 54*, no. 4, December 2001, p. 6.
3. Ibid., p. 7.
4. John Heinz, Cyril F. Brickfield, Adelaide Attard, and Carol Fraser Fisk, *Aging America: Trends and Projections*, 1985–86 ed., p. 14.
5. National Center for Health Statistics, *CDC Health*, United States, 2003.
6. Ibid., p. 2.
7. Himes, p. 11.
8. *CDC Health*, United States, 2003, p. 2.
9. Joseph A. McFalls, Jr., "Population: A Lively Introduction, 4th Edition," *Population Bulletin, 58*, no. 4, December 2003, p. 11.
10. National Center for Health Statistics, Health, United States, 1993 (Hyattsville, MD: Public Health Service, 1994), p. 16.
11. Himes, p. 13.
12. Judith Treas, "Older Americans in the 1990s and Beyond," *Population Bulletin, 50*, no. 2, 1995, p. 17.
13. Beth J. Soldo and Kenneth G. Morton, "Changes in Health Status and Service Needs of the Oldest Old: Current Patterns and Future Trends," *Milbank Memorial Fund Quarterly, 63*, no. 2 (Spring 1988).
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15. National Center for Health Statistics, Health, United States, 1993 (Hyattsville, MD: Public Health Service, 1994), p. 132.
16. George Maddox, Lecture, Indiana State University, May 1982.
17. Antoinette Bosco and Jane Porcino, eds., *What Do We Really Know About Aging* (Stony Brook: State University of New York at Stony Brook, 1977).
18. Himes, pp. 7–8.
19. Himes, p. 8.
20. Himes, pp. 7–8.
21. Joan Arehart Treichel, "It's Never Too Late to Start Living Longer," in *Focus: Aging* (2nd ed.), ed. Harold Cox (Guilford, CT: Dushkin Publishing Group, 1998), pp. 17–19.
22. Richard Kalish, *Late Adulthood, Perspectives on Human Development* (Monterey, CA: Brooks/Cole, 1975), p. 2.

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CHAPTER 2

Problems, Public Perception, and Stereotypes of Older Americans

I have often noted that a kindly placid good humor is the companion of longevity, and I suspect, frequently the leading cause of it.

Sir Walter Scott's Journal (1825–1932)
(From Home Book of Quotations by Bruce Bohle,
Dodd Mead & Co., NY, 1967)

THE PROBLEMS OF AGING

Now that we have reviewed the demographic trends involved in the rise in the number of persons reaching age 65 and the tendency for this age group to live longer than their predecessors, let's examine some of the major problems that confront them.

Aging is an inevitable and lifelong process. During the time it took you to read the first sentence in this paragraph, you aged. Being "old," "aged," a "senior citizen" is a stage of aging. In 1935 the United States government set 65 as the age at which one was allowed to begin drawing social security checks, effectively making this the age of retirement. However, 65 was an arbitrary choice. It could just as easily have

been 60 or 70. In actuality aging is a continuum, with conception at one end and death at the other. For the purposes of much of this text we will think of 65 as the beginning of old age, realizing, of course, that this is essentially a *social* definition.

Social Problems

At age 65 Americans are often confronted with a series of developmental and adjustment problems. Most companies provide strong inducements for their workers to retire at 65 or before. With retirement comes less income and the loss of the status, privilege, and power associated with one's position in the occupational hierarchy. A major reorganization of one's activities is required, since the 9-to-5 workday is now meaningless. Those who have shaped their identities and personalities to the demands of their occupational roles can expect a changing definition of self. And there can be a considerable degree of social isolation if new activities are not found to replace work-related activities. Finally, there is often a search for new identity, meaning, and value in one's life.

The major reorganization of one's life that must take place at retirement can be viewed in the light of both gerontology and geriatrics. *Gerontology* is the study of the social, economic, political, and related social aspects of aging; *geriatrics* is a branch of medicine that deals with the problems and diseases of old age.

Like certain philosophers, students of aging have had difficulty with the dualism of the mind–body problem. Events in one's social life, such as the loss of a lifelong marital partner, can lead to a loss of the will to live and the onset of a series of physical and medical problems. Conversely, physical disabilities such as diabetes, prostate trouble, and arthritis may diminish one's capabilities as a husband or wife and so alter one's social world. The physical and social adjustments of older Americans are often difficult to separate.

Growing older is commonly experienced physiologically as a progressive decline in organic functions and psychologically as a progressive loss of sensory and cognitive capacities. These losses, however, are quite different for each individual; there is no predictable pattern. For one person, aging may bring a form of diabetes (for example, excessive amounts of blood sugar) that, if not curbed, can lead to blindness or the loss of limbs. For another person, aging may bring hardening of the arteries, a slowing of the blood flow to the brain, occasional forgetfulness, and the onset of senility.

Although the pattern is not predictable, as a general rule older people require more medical attention than younger people because they are more vulnerable to ill health. We should not forget, however, that many older persons live healthy lives into extreme age, and some remain in good health almost until death. *Old age is not inevitably a period of poor health.* According to studies by Richard Kalish (1975), variability in the aging process can be seen by comparing 3-year-olds with 75-year-olds. Biologically, 3-year-olds are all likely to be going through approximately the same stage of development at approximately the same speed. At age 75, individuals vary much more in biological and behavioral functioning than do 3-year-olds or even young adults.[1] At younger ages, the progression of physical and psychosocial development is fairly predictable for a given age group. The older people get, however, the more variable individuals are in terms of their development. By age 65 some of a person's cohorts have died, some are in poor health, while others are strong, capable, in good health, and

performing at the peak of their productive lives. Thus, the later years are the period of the greatest variability in the health, development, and productivity of the individual.

Medical Problems

Leslie Libow (1977), medical director and chief of geriatric medicine at the Jewish Institute for Geriatric Care, has summarized what he considers to be some of the most common medical problems of older Americans.

1. *Mobility*: Twenty percent of persons over 65 have some problem in walking. Although only 5 percent of these are homebound, most use canes, walkers, or wheelchairs to get about.
2. *Brain*: From 5 to 15 percent of the population over 65 experience serious problems in thinking—most often identified as senility.
3. *Stroke*: This is the most common physical reason for older persons to be placed in nursing homes. Approximately two-thirds of older people suffering from strokes are expected to have a complete or partial recovery; the remaining one-third will survive but will not be ambulatory.
4. *Heart*: Fifty percent of older people in nursing homes have a serious heart problem. The figures for the total population are not known.
5. *Prostate*: Prostate disease is very common among older men. Fortunately, it is operable, with less than 1 percent mortality from surgery. There is much confusion about the effects of this operation, and patients should understand that it does not entail the loss of sexual functioning.
6. *Bowels*: Constipation and changes in regularity are common in later life. Excessive self-concern can result in an obsession with these problems. They are easily avoided: Doctors recommend a proper diet, including fruits and other fibrous foods.
7. *Bones*: Aging bones weaken and break more easily. As a rule, blacks experience fewer fractures than whites, and men fewer than women. Increased physical activity (walking, dancing, jogging, bicycling) is believed to be the best way to reduce fractures. Dietary changes are also held to be helpful.
8. *Breast*: Breast cancer is a concern among women. Middle-aged women are somewhat more likely to have it than older women.
9. *Eyes*: Cataracts are common but almost always surgically treatable. Glaucoma, though not as treatable, is usually manageable. The only eye change considered normal in aging is a tendency toward farsightedness.
10. *Arthritis*: This is one of the most common problems in later life, with no known medical cure.
11. *Nutrition*: Signs of poor nutrition in older people may include cracked lips, indicating a vitamin-B deficiency; excessively dry skin; and anemia. Obesity caused by high-calorie diets is common, and heavy consumption of fats is held to contribute to hardening of the arteries. Malnutrition may result from poverty, inaccessibility of grocery stores, or lack of incentive to eat.[2]

That physiological decline is a problem for older people can be seen in a study done in western Indiana by Cox, Sekhon, and Norman (1978). The researchers asked a random sample of persons 65 and older about the degree of difficulty experienced in performing daily activities. When examining Table 2–1, most younger persons

TABLE 2–1 Limitations in Daily Activities of Persons Age 65 plus

Difficulty	Yes	No
Getting up and down stairs	40%	60%
Washing and bathing	20	80
Dressing	15	85
Getting out of the house	19	81
Watching TV	6	94
Using the telephone	25	75
Cooking	19	81
Cleaning the house	30	70
Maintaining the house	45	55
Getting around the house	20	80
Doing the laundry	30	70

Source: Harold Cox, Gurmeet Sekhon, and Charles Norman, "Social Characteristics of the Elderly in Indiana," *Proceedings/Indiana Academy of Social Sciences* (1978), p. 190.

find the percentage of older persons who have difficulty doing routine tasks somewhat surprising (see Table 2–1).

Moreover, as people age they are more likely to experience severe limitations to their daily activities. The risk of functional disability increases rapidly after 65. Harpine, McNeil, and Lamas (1990) examined the need for personal assistance with daily living. They found a strong relationship between age and need for assistance. Among persons under 65 years of age, only 2 percent needed assistance; at older ages, the proportion requiring assistance ranged from 9 percent of those age 65 to 69 and up to 45 percent for those age 85 and older (see Figure 2–1). Within each category women were more likely to need assistance than men. For example, at age 75 and older, 30 percent of women needed help compared with 17 percent of men (see Figure 2–2).

Social and Psychological Problems

Professionals are often challenged in their diagnoses of the psychological problems of aging; in fact it is difficult to distinguish whether certain problems are the result of a physical condition, such as hardening of the arteries (with related malfunction of the brain, perhaps occasioning bizarre behavior), or the result of depression.

Mrs. Jones retired at age 65 in good health and with no particular physical or emotional problems. By age 75, however, she had begun to experience a hearing loss and a heart problem, accompanied by poor circulation that resulted in her having considerably less energy. Because of these difficulties she now stayed home most of the time, interacting with others much less frequently than she had in the past; she began experiencing periodic depression. Thus, a route can sometimes be traced from biological problems to social and emotional ones.

Several problems confronted by older Americans seem to be related to social isolation and loneliness. Many older persons find that their health no longer allows them to drive. This inevitably limits their movement in the community. In extreme

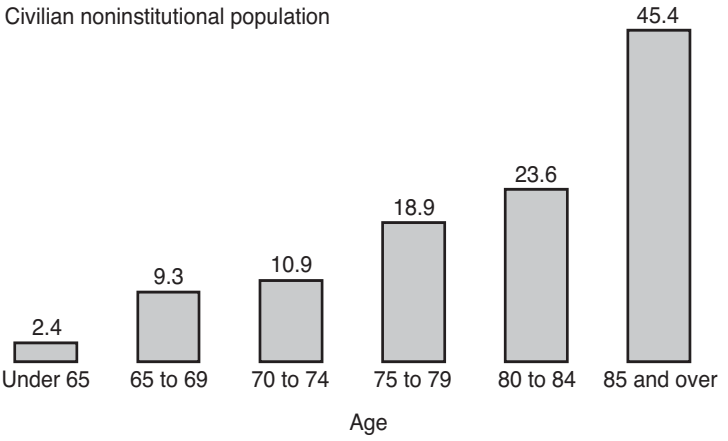

FIGURE 2–1 Percentage of Persons Needing Assistance with Everyday Activities, by Age: 1986.

Source: U.S. Bureau of the Census, *The Need for Personal Assistance with Everyday Activities: Recipients and Caregivers,* Current Population Reports, Series P–70, No. 19. U.S. Government Printing Office, Washington, DC, 1990, table B.

cases they become homebound, rarely leaving the house or apartment without assistance. Larson, Zuzanek, and Mannell (1985) studied the consequences of being alone on the morale and lives of older persons. In the process, they examined the importance of daily companionship. In their words, "How dependent is the emotional state for older adults upon continued sharing, reacting, loving and joking?"[3] Their findings indicate different patterns of need for the married and unmarried in later life.

Married couples are usually not as socially isolated as singles, and lack of companionship does not appear to be a significant problem for them. Many seem to

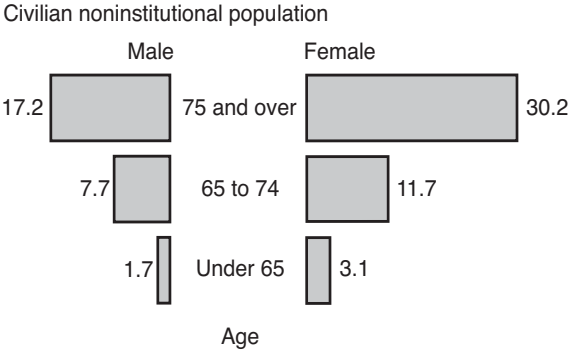

FIGURE 2–2 Percentage of Persons Needing Assistance with Everyday Activities, by Age and Sex: 1986.

Source: U.S. Bureau of the Census*, The Need for Personal Assistance with Everyday Activities: Recipients and Caregivers,* Current Population Reports, Series P–70, No. 19. U.S. Government Printing Office, Washington, DC, 1990, figure 2.

cherish the opportunity to be alone. Their marriage gives them daily companionship, and they appear to have arrived at a good balance between being with others and being alone. They apparently enjoy periods of being alone in their daily lives and activities.

The unmarried, however—particularly those who live by themselves—report that the absence of a daily companion is a legitimate concern. They spend more time alone and appreciate it less. When alone they are more likely than married couples to report feeling drowsy, passive, tired, and bored. These very feelings may be the predecessors of *depression* (a mental disorder characterized by sadness, feelings of inadequacy, and self-deprecation). Isolation and boredom among the elderly may lead to alcohol and drug abuse. Whatever the reasons, it would appear that older married couples are better able to maintain a balance between social activities and being alone. Single persons have greater difficulty arriving at this balance and often complain of a need for companionship. The importance of confidants and intimate friends in the lives of the elderly is discussed in a later chapter.

Senior citizen centers funded both privately and by the federal government have done much to offer older persons a variety of recreational, educational, travel, and social activities. Senior centers have a large population of single persons who find much of the monotony, boredom, and loneliness of their daily lives alleviated by the centers' activities.

Paranoia (the belief that others are out to harm you in some way) in old age is not uncommon, according to Frederick Charatan (1977). Those experiencing this disorder believe that they are the object of hostile attention from others. Older people suffering from paranoia, although perfectly normal in every other way, have gone so far as to believe they were being spied on by the police or the FBI.

Undue depression is another common problem of older people, according to Charatan. Many have experienced a series of losses and feel they can look forward only to still further losses. Depression in older age is twice as common in women as in men and usually follows immediately upon some loss. The most difficult loss for older persons is that of a spouse, and statistics show that bereavement, in later years, increases survivor mortality, often labeled the *broken-heart syndrome.* Men experience depression especially following retirement. The *retirement syndrome* is a depressive illness identified by psychiatrists. Kelly Greene (2003) found that the first year of retirement is the period of greatest stress as an individual attempts to reorganize his or her life in the absence of the 9-to-5 work schedule and the numerous social contacts that work provides.

The physiological, psychological, and social problems of older people are genuine experiences that must ultimately be dealt with. Although we regard aging as a lifelong process for all of us, the problems confronted at the later end of the life cycle seem more serious and foreboding than those of earlier life; and these problems sometimes occur one after another, forming a complex tangle. Also, they often occur when people seem to have the fewest resources for coping with them. Yet even though more than three-fourths of the older population suffer from at least one long-term deteriorating condition, most learn to adjust to their disabilities and to find continuing satisfaction in life.

PUBLIC PERCEPTIONS OF OLDER PERSONS

Perhaps the major social problem confronting older Americans today is how they are viewed by the general population. Students of symbolic interactions have long argued that the most crucial determinant of our well-being at any age in life is how

we are defined and categorized by others in our social environment. It takes a very strong and determined person to resist the social definition—handsome or ugly, intelligent or stupid, bold or timid, or any other label—placed on him or her by others and to carve out a new image. Most people behave the way others in their social world expect them to behave. The problem for older persons is that they are often seen in negative and stereotypic terms by other age groups.

The negative view of aging seems to have emerged with the industrial revolution. When agriculture was the primary means of production in a society, older persons were granted the greatest power and privilege. By owning the land, the older family members controlled the means of production. Their children's survival depended on inheriting the land when their parents died. Thus, old people were granted a privileged position in the community.

The industrial revolution changed the means of production, the relationship of family members, and the role of older persons in society. With the emergence of industry, sons and daughters often left the farm, moved to cities, and worked in factories and offices developing a variety of occupational skills that were not in existence on the farm. The careers of young family members took a different direction and different values emerged. There was no special reason to defer to older family members since one's future livelihood did not depend on their goodwill or on inheriting the land. With the emergence and growth of industry, being productive was highly valued. The young were seen as healthier, more energetic, more capable of quickly learning whatever new skill was required, and therefore the more productive members of society. The old were seen as past the prime of life, less healthy, less energetic, and therefore less productive. Old age was looked upon as the time when life had passed one by.

The values that emerged as societies industrialized tended to downgrade and undermine the privilege and respect that older persons had enjoyed in agricultural societies. This change will be explained more fully in Chapter 4.

Stereotypes

The word *stereotype* comes from a Greek word meaning "hard core." Today, the word has come to mean "the most frequent combination of traits assigned by one group to another." As a perception of an individual or a group, a stereotype is frequently rigid and biased, as well as negative if not derogatory. Categorizing and stereotyping those around us—and making assumptions about their motives and future behavior—allows us to live in a complex world without having to deal with the wealth of details characterizing each individual. Thus, one who reduces all older people to a stereotype saves the time and energy it would take to respond to each of them individually. While this process may allow us to coexist with large numbers of other persons with a minimum of effort, it is most often unfair to the individual or group that is stereotyped. Very frequently, stereotypes of any group different from ourselves tend to be based on the least desirable traits possessed by some members of the group. Stereotypes of older persons are no different: These people are often thought of as feeble, senile, and destitute, since this is the plight of the least fortunate among them.

Gerontologists have coined the term *ageism* to refer to a biased conception of someone based on his or her advanced chronological age. Like racism or sexism,

ageism is an unduly negative view of all members of a group—in this case, older persons. Hendricks and Hendricks (1981) observe that part of the myth implicit in ageism is the view that older persons are somehow different from our present and future selves and therefore not subject to the same desires, fears, and concerns we have. We might consider whether we ourselves do not share many of the fears, desires, and concerns of older people. Rebecca Levy (2001) argues that eradicating ageism requires us to address the enemy within since all of us unconsciously hear and absorb the jokes, negative comments, and frequently expressed views about old people. Thus, she believes that most younger persons harbor unconscious negative feelings about older persons of which they are most often unaware. Confronting one's own negative feelings about older persons may be the first step toward eradicating ageism.

Perhaps the most stereotypic view of the 65 plus group in America is that all old people are alike; indeed, this kind of thinking lies at the heart of all stereotypes. But in fact there is considerable difference in the health of any two 65-year-olds, because of illness, lifestyle, or previous occupational pressures. Nor are older people's health and energy correlated strictly with their age. Mrs. Sampson, for example, regularly volunteers to help people at the community senior citizen center, most of whom are younger than she. Grant Youmans (1977) speaks frequently of the different problems experienced by the "young old" and the "old old."

Similarly, older Americans retire as members of the working class, middle class, or upper class. Retirement incomes, previous experiences, and preferred lifestyles of the different social classes vary greatly, to say the least. Having a winter home in Florida and a summer cottage on a lake in Canada is quite different from living year-round in a small slum district apartment in the heart of Detroit. We should keep these distinctions in mind when talking about the problems of older people.

Another stereotypic view of older persons is that they are isolated. For some older Americans this is true, but for the majority it is not. The current social security and welfare systems have given older people some independence. Most of them can now maintain their own homes rather than having to move in with their children or into government housing. Independence and continuity—remaining in familiar neighborhoods with past friends and associates—are desired by both older and younger people. Family sociologists have also found much more intergenerational family interaction—through telephone calling, frequent visiting, and vacations—than they expected. Irving Rosow (1967), in his study of older apartment-dwellers in Cleveland, and Bruce Lemon and his colleagues (1972), in their study of retirement communities, found considerable social interaction and involvement among older Americans. All these findings belie the stereotype that older Americans are isolated.

Another misconception about older persons is that they are all in poor health. As we observed earlier, only 9 percent of those age 65 to 69 need help with everyday activities. This means that 91 percent are functioning independently, with no severe limitations to their health or activities. Among those 85 and older, 45 percent need assistance with activities of daily living. This means that even after the age of 85, 55 percent of older persons are in good enough health that they can live independently with no assistance from others (see Figure 2–1). The National Center for Health Statistics data consistently indicates that two-thirds of those 65 and older report their health to be good, very good, or excellent.[4]

Another common stereotype of older persons is that they are inflexible and resistant to change. C.D. Publications (1998) found, in developing marketing

strategies for older adults, that older consumers are more likely to try new products than any other age group. The group marketers found least likely to experiment with new products were the 18- to 25-year-olds.[5] Thus, it appears that older adults are not inflexible and resistant to change when adequately informed of the advantage of the new product.

A common stereotype is that older persons are no longer interested in nor capable of sexual intimacy. Mike Reinemer (1998) of the National Council on the Aging reports that 61 percent of men and 37 percent of the women 60 and over report that they are sexually active. Moreover, 79 percent of the men and 66 percent of the women stated that an active sex life is important.[6]

There is also a misconception that retirement is a period of crisis and adjustment. Boyd and Oakes (1973) observed that the majority of blue-collar workers not only look forward to retirement but also, if guaranteed an adequate income, will retire early. Paul Fronstin (1999) found that workers whose company provided them a defined benefit retirement plan were significantly more likely to retire at age 62 or earlier. Defined benefit plans typically promise a specified benefit on retirement from a job (most often based on the employee's earnings and length of service), for the life of the employee or the surviving spouse. The more they were assured of an adequate retirement income through employee benefits the more likely they were to retire early.[7] Even for white-collar workers who find some meaning in their work, there is no evidence that retirement precipitates a lengthy crisis.

Harold Cox et al. (2001) found that those who retired and engaged in volunteer or recreational activities were significantly more satisfied with their lives than those who continued to work. Of those who retired and then returned to work, the most satisfied with their lives were those who returned to work in order to feel productive. The least satisfied with their lives were the ones who returned to work because they needed money.

Related to the view that retirement is a time of crisis is the common belief that society forces able-bodied older persons to retire. It is true that less than 5 percent of those over age 65 continue to work, but as we have just noted, many older workers choose to retire early if they are granted enough retirement income to live comfortably. Although Congress raised the legal mandatory retirement age from 65 to 70 in 1978, and later removed all mandatory requirements, there is no evidence that any significant number of older people have chosen to work longer. James Schulz (2001) found that of every 1,000 retirees, only 70 were forced to retire. Sometimes poor health is the reason for retiring. However, retirees in good health look forward to having the freedom to do what they want.

In March of 1999, the U.S. Congress changed the law regarding older workers' right to continue to work after age 65 and to draw their social security checks. Prior to that time, 65-year-old workers who continued to work were penalized and lost most if not all of their social security retirement income. With the rule change in 1999, the 65-year-old worker can continue to work and draw social security benefits in full with no penalty for working. Only time will tell whether this change will result in more older workers remaining in the labor force after the age of 65.

Another myth about retirement is that it undermines the physical health of retirees and often leads to death. Many, upon observing an acquaintance, friend, or relative die shortly after retirement, presume that retirement shortens life. What they may be overlooking is that people can die at any age, whether working or not. Longitudinal studies have found that most retirees show a slight *improvement* in their

overall health following retirement and that there is no difference in mortality rate between this group and those remaining in the labor force. *Retirement simply does not precipitate death.*

Still another mistaken view is that retirement is highly disruptive of family relations, since it supposedly alters the balance of power and division of labor between husbands and wives. Richard Kalish (1975) and others have observed that the retired male has time to devote to the roles of husband, father, grandfather—roles that in the past were often slighted in favor of occupational demands. In this sense, retirement may actually improve family relations. Many couples find they have more time to spend together—almost a second courtship period. Of course, retirement can be experienced as the alteration of a "power balance" between husbands and wives, with negative consequences for family relations. Even so, conflict is often managed within families and as such does not necessarily show up as an increase in divorce.

Contributing further to the view that retirement is a time of crisis is the common belief that retirement plunges people into poverty because it is often accompanied by a 50 percent decline in income. Streib and Schneider (1971) and James Schulz (2001) found that while many retirees experienced a sharp drop in income, most said that they were getting along well enough. Research indicates that older people can apparently exist on less money and feel no decline in class status.

Another myth is that retirees are denied a normal role in the community and are forced into geriatric ghettos. Journalists often see older people as victims assigned by society to segregated communities. In reality, many middle-class older Americans have voluntarily moved to retirement communities. Irving Rosow's (1967) work indicates that social interaction increases among older persons in these segregated communities. A legitimate question is whether society provides desirable environments for its older population. A collateral question is whether society should provide older people with environments that shield them from loss of status. In any event, it is wrong to believe that all older persons are forced into geriatric ghettos. A few are pressured by their children to move to nursing homes, but this is the exception rather than the rule. The 1990s saw the emergence of the concept of assisted living arrangements in many retirement apartment complexes. Usually, one floor of the apartment complex is designated as an assisted living area. Residents whose health has begun to deteriorate are allowed to move from their current apartment to an apartment in the assisted living area. They are provided with meals, nurses to assist with medication and health needs, and others to assist them with dressing, bathing, and movement throughout the area if it is necessary. It is the step before moving to a nursing home, and a much more pleasant environment for the frail elderly.

MISCONCEPTIONS

Louis Harris and Associates (1975) were commissioned by the National Council on the Aging to study attitudes toward older Americans. Their report, following 4,250 interviews, reveals some interesting misconceptions among the younger population concerning the experiences of older Americans. Collectively, only 2 percent of a sample of Americans of all ages considered the years after 60 as the best of a person's life. Nearly one-third of 18- to 64-year-olds—and a larger percentage of those over 65—saw those years as the least desirable.

TABLE 2–2 Public Perceptions and Problems of Older Persons

	Very Serious Problems Actually Experienced by Older People	Very Serious Problems Public Expects Older People to Experience	Net Difference
Fear of crime	23%	50%	+27%
Poor health	21	51	+30
Not having enough money to live on	15	62	+47
Loneliness	12	60	+48
Not having enough medical care	10	44	+34
Not having enough education	8	20	+12
Not feeling needed	7	54	+47
Not having enough to do to keep busy	6	37	+31
Not having enough friends	5	28	+23
Not having enough job opportunities	5	45	+40
Poor housing	4	35	+31
Not having enough clothing	3	16	+13

Source: L. Harris and Associates, *The Myth and Reality of Aging in America* (Washington, DC: National Council on the Aging, 1975), p. 31.

Table 2–2 indicates that younger adults overestimate the problems of older people. For example, while only 23 percent of older subjects reported fear of crime as a serious concern of older Americans, fully 50 percent of the public believed that it was; only 12 percent of the older population reported loneliness as a serious problem, but 60 percent of the public perceived it as such. The pattern was the same for every one of a series of variables ranging from not feeling needed to living in poor housing (see Table 2–2).

This discrepancy may be explained in part by the fact that in a youth-oriented society most people are not conditioned to look forward to old age. Another explanation may be the mass media's tendency to focus on the less fortunate cases among the elderly. In addition, most people associate aging with death. Since medical science has conquered most of the communicable diseases of the younger population, it is principally older people who die in our society. The result is that Americans are often conditioned to view the older years as those of physical decline and death. They therefore tend to exaggerate the problems that accompany aging. Many look for examples to confirm their biases. Upon seeing four older persons, three of whom are well dressed and one poorly dressed, many, if not most, will remember the poorly dressed person.

We must constantly guard against too negative a view of the later phase of the life cycle. When Leslie Libow (1977) observes that 20 percent of persons 65 and over have trouble walking, we may fail to recognize that this means 80 percent of older people have no trouble getting around. Similarly, Libow's (1977) finding that from 5 to 15 percent of older people experience problems in thinking means that from 85 to 95 percent can think clearly. In the Cox and colleagues (1978) study of limitations on the daily activities of older persons (Table 2–1), less than half of the subjects

experienced one or more of these limitations. Depending on the variable examined, from 60 to 90 percent of the sample had no limitation at all. Thus, while the problems confronted by older persons are real and must be dealt with, let us not be unduly pessimistic in our view of the lives of older Americans. The majority of older Americans believe they are in reasonably good health, think they have adequate incomes, and are convinced they are living their lives just about the way they would like.

Our discussion of ageism—the myths and stereotypes of aging—should not imply that older Americans do not have problems, but rather should show that their problems are often exaggerated by the public. The intent of government planners and service providers is to realistically identify the problems of aging and to work for their solution. And because there are so many myths surrounding the subject of aging, professionals in the field must examine unproved conceptions with scientific objectivity. The gerontologist, trained in one of the behavioral sciences, is likely to perceive his or her role as that of a detached observer. The public service worker in programs for older Americans, on the other hand, is likely to perceive himself or herself as an advocate.

Detached observers attempt to carefully describe how people think, feel, and act. Moreover, they periodically offer solutions to problems confronted by a particular group of people. Advocates are likely to be politically active and vocal in an effort to improve the situation of the people they serve, or whose cause they espouse. In the case of older Americans, advocacy often involves exaggerating their conditions, as well as propagandizing, lobbying, and moralizing for desired improvements in these conditions. Advocates may use, and even create, stereotypic views to further their cause. The aim of this text is to define the role of the unbiased observer attempting to present the reality of aging in America.

Improving Views of Older Persons

The years from 1970 to the present have seen a large increase in the numbers of older persons, the growth of government funded programs to serve them, and an improving public perception of older Americans. The stereotypes are still there and the overall public perceptions of later life are still somewhat negative, but we are seeing movement to a more positive direction.

Hanlon, Farnsworth, and Murray (1997) made a study of how older people were presented in comic strips from 1972 to 1992. What one must remember is that humor is often used to release tension. We often make jokes about those areas of life that cause us the greatest stress. Thus, presenting older persons in comic strips may be a way to alleviate readers' anxiety about their own aging. What the researchers found was that there were fewer older people presented in comic strips than other age groups. In comic strips older persons were often portrayed as unintelligent, old-fashioned, and senile, and more men were presented than women over this period of time. In terms of the number of times older persons were presented in positive or negative roles, both men and women were most often presented in negative roles. The women were presented in twice as many negative roles as positive ones in the comic strips. The men were presented in three times as many negative roles as positive ones. The number of comic strips that featured older persons seemed to be declining in the more recent years of the study.

During the 1970s and early 1980s, television, much like the comic strips, was criticized for rarely including older persons in television shows, for never giving them leading roles, and for frequently using them as targets of ridicule and humor. They were often the brunt of the jokes.

Gerbner et al. (1980), Powell and Williamson (1985), and Davis and Davis (1986), after reviewing the presentation of the elderly on television, concluded that older persons were presented as more comical, stubborn, eccentric, and foolish than other characters.

John Bell (1992) traced the presentation of older persons on television from 1985 to 1990 and found it much more positive. The five most popular television shows watched by persons 55 and older were: *Murder She Wrote, The Golden Girls, Matlock, Jake and the Fatman*, and *In the Heat of the Night.* Content analysis of these shows led to eight generalizations:

1. Elderly characters were at the center of the shows.
2. The elderly characters were presented as powerful members of the community.
3. The elderly characters were affluent.
4. The elderly characters were always healthy and both physically and socially active.
5. The elderly were portrayed as mentally active and quick-witted.
6. The characters were looked up to and admired.
7. Sexuality is generally removed from the lives of elderly characters.
8. The "old order" generally rules.[8]

Thus, in the latter part of the 1980s, television portrayed the older persons as affluent, active, healthy, and admired. The television presentation of older persons has improved appreciably.

Speas and Obenshain (1995) made a survey of attitudes toward older persons for the American Association of Retired Persons (AARP). While respondents indicated a more positive image of older persons generally than in past surveys, they still overestimated the levels of poverty, isolation, poor health, and their fear of crime. Middle- and upper-class respondents held a much more positive view of older persons than the working class. The poorer one was and the more problems one had personally, the more negative one's view was of older persons. The most negative group in attitude toward older persons was women with a vocational education or less.

Thus, while the public still holds some misconceptions regarding the problems of older persons, there seems to be a gradual improvement in the public view of old age over time. Certainly the media and television in particular have begun to present a much more positive view of the roles and lives of older persons.

CONCLUSION

The power, privilege, status, and problems of older persons deteriorated with the industrial revolution. The values of knowledge, skill, energy, and productivity have tended to make us a youth-oriented society. The new knowledge, skill, and energy of the young seem always to be more valued than the experience and wisdom of the

old. The result has been a negative stereotyping and portrayal of older persons in industrial societies.

Older persons are confronted with a variety of problems, from the loss of power and privilege and reduced incomes that accompany retirement, to widowhood and their own declining health.

The last two decades have seen considerable improvements in the lives of older Americans. Social security now includes cost-of-living increases which can be approved annually by Congress to assist retirement incomes in keeping up with inflation. New medical discoveries are extending the lives of older people and keeping them independent and healthier for a larger part of their older years.

The public view of later life is gradually becoming more positive. Television shows, movies, and the media are presenting the lives of older people in a more positive light.

Finally, the reality is that older people often are some of the most productive members of a society and do make valuable contributions to the world in which they live. *U.S. News and World Report* (1980) listed just a few accomplishments of some quite distinguished older persons, which included:

1. At age 80, George Burns received his first Academy Award for his role in *The Sunshine Boys.*
2. At 81, Ben Franklin mediated the compromise that led to the adoption of the U.S. Constitution.
3. At 82, Winston Churchill finished his four-volume text, *A History of the English Speaking Peoples.*
4. At 88, Konrad Adenauer was chancellor of Germany.
5. At 88, Michelangelo designed the Church of Santa Maria deglu Angelu.
6. At 89, Arthur Rubinstein gave a critically acclaimed recital in Carnegie Hall, New York City.
7. At 89, Albert Schweitzer was directing a hospital in Africa.
8. At 90, Pablo Picasso was producing engravings and drawings.
9. At 91, Eamon de Valera was president of Ireland.
10. At 93, George Bernard Shaw wrote a play entitled *Farfetched Fables.*
11. At 100, Grandma Moses was still painting.[9]

KEY TERMS

ageism *28*
broken-heart syndrome *27*
depression *27*
geriatrics *23*
gerontology *23*
paranoia *27*
retirement syndrome *27*
stereotype *28*

NOTES

1. J. Botwinick and L. W. Thompson, "Individual Differences in Reaction Time in Relation to Age," *Journal of Genetic Psychology, 112* (1968), 73–75.
2. Leslie Libow, "Medical Problems of Older People," in *What Do We Really Know About Aging,* ed. Bosco and Porcino, pp. 14–20 (Stony Brook: State University of New York at Stony Brook, 1977).