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## AN INTRODUCTION TO SOCIAL GERONTOLOGY

Eighth Edition





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## AN INTRODUCTION TO SOCIAL GERONTOLOGY

Eighth Edition

*Jill Quadagno*

Pepper Institute on Aging and Public Policy  
Florida State University

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AGING AND THE LIFE COURSE: AN INTRODUCTION TO SOCIAL GERONTOLOGY,  
EIGHTH EDITION

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This book is printed on acid-free paper.

1 2 3 4 5 6 7 8 9 LCR 26 25 24 23 22 21

ISBN 978-1-260-80427-0 (bound edition)  
MHID 1-260-80427-5 (bound edition)  
ISBN 978-1-264-16988-7 (loose-leaf edition)  
MHID 1-264-16988-4 (loose-leaf edition)

Executive Portfolio Manager: *Sarah Remington*  
Product Developer: *Francesca King*  
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Buyer: *Laura Fuller*  
Designer: *David W. Hash*  
Content Licensing Specialist: *Carrie Burger*  
Cover Image: ©*Paul Wedig*  
Compositor: *MPS Limited*

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**Library of Congress Cataloging-in-Publication Data**

Names: Quadagno, Jill S., author.  
Title: Aging and the Life Course: An Introduction to Social Gerontology / Jill Quadagno.  
Description: Eighth edition. | New York, NY : McGraw Hill Education, [2022] |  
Includes bibliographical references and index.  
Identifiers: LCCN 2020020878 | ISBN 9781260804270 (bound edition) |  
ISBN 9781264169887 (loose-leaf edition)  
Subjects: LCSH: Gerontology.  
Classification: LCC HQ1061 .Q33 2022 | DDC 305.26—dc23  
LC record available at <https://lccn.loc.gov/2020020878>

The Internet addresses listed in the text were accurate at the time of publication. The inclusion of a website does not indicate an endorsement by the authors or McGraw Hill LLC, and McGraw Hill LLC does not guarantee the accuracy of the information presented at these sites.

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# About the Author

Jill Quadagno is Professor Emeritus from Florida State University where she held the position of Mildred and Claude Pepper Eminent Scholar in Social Gerontology during her 28 years on the faculty. She received her BA from Pennsylvania State University in 1964, her MA from the University of California at Berkeley in 1966, and her PhD from the University of Kansas in 1976.

In 1992 she became a fellow of the Gerontological Society of America. She has also been the recipient of the Distinguished Scholar Award from the Section on Aging of the American Sociological Association and has been awarded a John Simon Guggenheim Fellowship and an American Council of Learned Societies Fellowship. In 1994



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she served as senior policy advisor on the President's Bipartisan Commission on Entitlement and Tax Reform. She is the author or co-author of 12 books on aging and social policy issues, including *The Transformation of Old Age Security, Labor Markets and the Future of Old Age Policy, From Nursing Homes to Home Care, Ending a Career in the Auto Industry: The Color of Welfare and One Nation, Uninsured: Why the U.S. Has No National Health Insurance*. A past president of the American Sociological Association, she was elected to the National Academy of Medicine in 2010 and served as an Advisor to Senator Bill Nelson's Select Committee on Aging in 2013. Her current research concerns Medicaid's long term care benefit.



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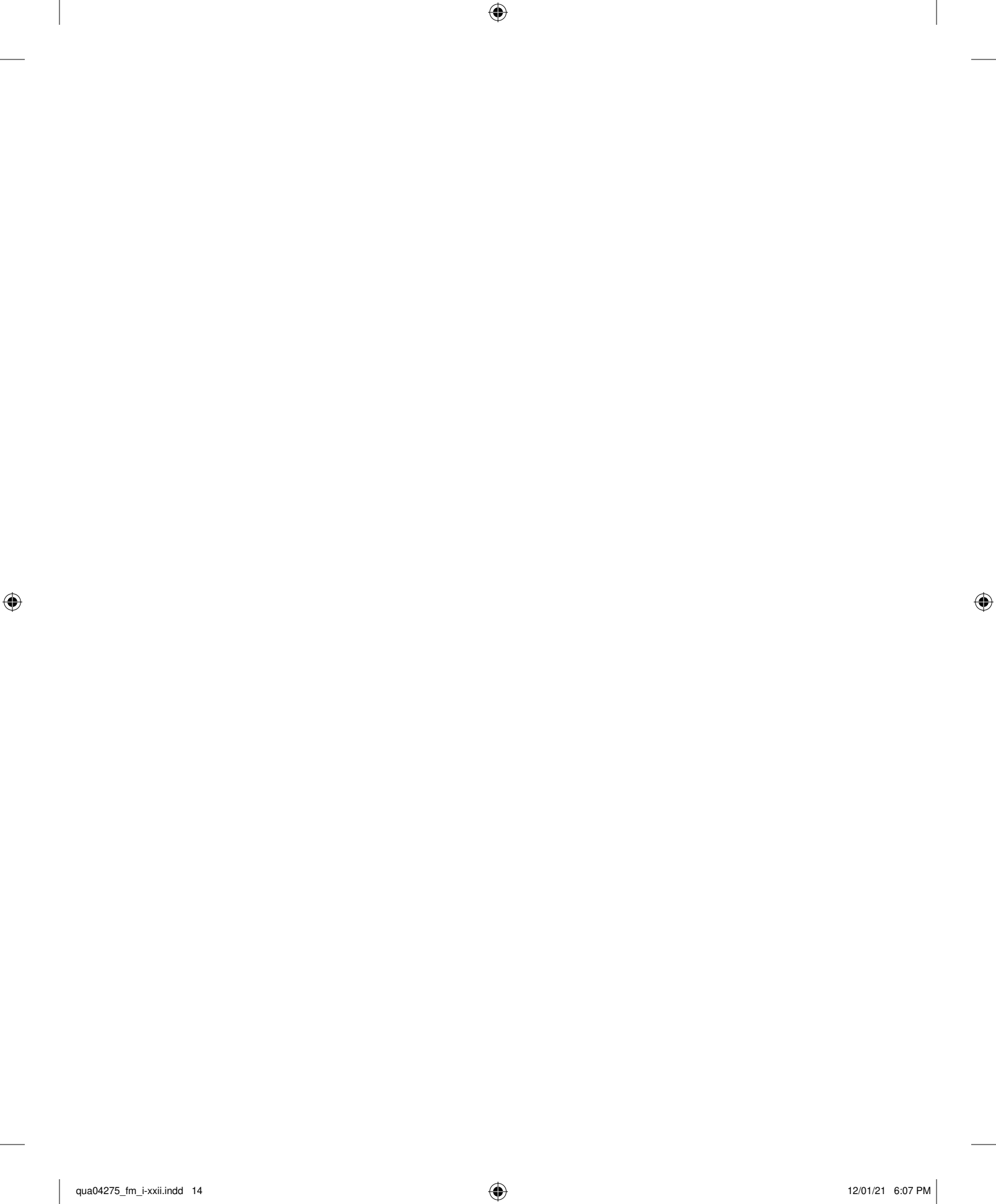
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# Preface

I taught my first course in social gerontology in 1978. Would anyone sign up, I wondered? Why would 18-year-old students be interested in aging? I marched into the classroom and laid out my notes that August day, perspiring from nervousness as much as from the heat. I couldn't help but notice the tall, broad-shouldered guy sitting in the front row. His name, I learned when I called the roll, was Mike Thomas, an Iowa farm boy transplanted to Kansas to play football. Oh, great luck, I thought, echoing the prejudice college professors sometimes hold against football players. To my surprise, Mike earned a gentlemanly C+ as well as my abiding affection and respect. I hope his life is going well. He not only laid to rest my stereotype of football players but also taught me why my social gerontology classes have filled every semester that I have taught them.

Mike wrote his required paper on grandparenting, a topic that interested him because of his close relationship to his own grandmother. Much as he loved her, he also witnessed the tensions that arose when she moved in with his parents, into his brother's old bedroom. Aging interested Mike, as it does most students, because it was so close to his own life. Of course, most college students are not yet worried about growing old themselves. But all young people are members of families, and the dilemmas their parents and grandparents face affect them too. So it's natural that they are drawn to the subject. Then, too, an increasing number of students these days are returning to school after having worked full-time for many years and raised families. These older students have an immediate interest in the topic of aging. The challenge for the instructor is to demonstrate how these personal concerns are linked to larger structural issues, such as how, for example, familial care of the frail elderly is influenced by population aging and by political decisions about the just distribution of societal resources. It was my interest in demonstrating to students how the subject matter of their lives is shaped by larger societal forces that led me to write this text.

## ORGANIZATION

This text is divided into five parts and 16 chapters. The chapters in Part One, "Defining the Field," provide the student with a firm grounding in core methodological and theoretical issues and document key trends in population aging. Part Two, "Interdisciplinary Perspectives on Aging," reflects the fact that social gerontology is an inherently interdisciplinary field. It provides a detailed look at the contributions of history, biology, and psychology to the study of aging.

Part Three, "Social Aspects of Aging," examines family relationships, living arrangements, and the transition from work to retirement. Part Four, "Health Aspects of Later Life," discusses health and health care in later life, care for the frail elderly, and the experience of death and dying. Part Five, "Aging and Society," examines aspects of aging at the societal level. The three chapters in this section discuss the economic and political aspects of aging.

## DISTINCTIVE CHAPTERS

This book includes all the topics typically covered in a social gerontology text and contains three distinctive chapters. One of these is a separate chapter on the life course (Chapter 2, "Life Course Transitions"). I include this topic because of the growing emphasis in the field of social gerontology on the relationship between the quality of life in old age and an individual's cumulative experiences, choices, constraints, and opportunities over the life course.

Another distinctive chapter focuses on the long-term care of the frail elderly (Chapter 12, "Caring for the Frail Elderly"). A substantial body of research on this subject examines the burdens and satisfactions family members experience in caring for their aging kin, the problems associated with nursing home care, and the advantages and disadvantages of various

alternative living arrangements. This chapter provides a complete portrait of the range of long-term-care options and of the policy choices facing an aging society. It also includes the fascinating qualitative research on daily life in nursing homes that students find so interesting.

Each semester that I taught this course, I have found that students were confused by the vast array of social programs for income support, health care, social services, and long-term care in the United States. Most texts scatter explanations of these programs within various chapters. This book includes a separate chapter on the welfare state that explains the differences in how these programs are funded, who is eligible for benefits, what benefits are provided, and the relationship of the programs to one another (Chapter 5, “Old Age and the Welfare State”). It is intended to serve as a ready reference for students as they read about these programs at appropriate points elsewhere in the text.

## PEDAGOGY

### Chapter Outline

Each chapter opens with an outline that introduces the student to the topics covered in the chapter.

### Looking Ahead Questions

The **Looking Ahead** questions provide students with four or five questions to keep in mind when reading the chapter.

### Chapter Opener

Each chapter features a lively introduction to engage students’ interest in the subject matter and set the stage for the material that follows.

### Key Terms

Key terms and concepts used in the text are highlighted in bold when they are introduced. A list of key terms—with page references—follows at the end of each chapter. The glossary at the end of the book provides a definition of each key term used in the text.

## Illustrations

Chapters are enlivened by figures, tables, cartoons, and photos that summarize key trends and highlight important issues.

## Thematic Boxes

Many instructors have told me they and their students found the boxed discussions timely, informative, and helpful. **An Issue for Public Policy** boxes examine the policy implications of key social issues. **Aging Around the World** boxes feature cross-cultural research on aging in other cultures. **Diversity in the Aging Experience** boxes describe variations in how people age in the United States, depending on their gender, race, ethnicity, nationality, and cultural background. Finally, **In Their Own Words** boxes provide first-person accounts of the aging experience.

## Looking Back Questions

The questions raised at the beginning of the chapter are answered at the end of the chapter in the **Looking Back** section. These questions and short discussions help students to summarize the main points of each chapter.

## Thinking about Aging Questions

A series of thought-provoking questions are designed to stimulate critical thinking and stimulate class discussion.

## Exploring the Internet Exercises

The World Wide Web has become an important source of information for students and their instructors. Each chapter concludes with a section called **Exploring the Internet**, which tells students about websites related to the chapter content and provides a series of questions students can answer using materials found on the Internet sites.

This edition has a new discussion of ageism on the internet, recent data on trends in active life expectancy, a focus on cohort differences in the economic status of older people and an updated discussion of voting patterns by age. This edition also contains new material on the coronavirus pandemic of 2020. Finally, this edition



has many new boxed features including online age discrimination in employment and LGBT health and well-being over the life course.

## Chapter-by-Chapter Changes

In the Eighth Edition all tables, figures, and charts have been updated, and some exciting new topics have been added to every chapter.

### What's New?

#### Chap. 1

New discussion of aging and technology  
 New discussion of ageism on the internet  
 New *An Issue for Public Policy*: Online Age Discrimination in Employment

#### Chap. 2

New discussion of the cost of disability over the life course.  
 New discussion of the life course consequences of poor health.

#### Chap. 3

Updated discussion of theories of power and inequality  
 New *Aging Around the World*: The Global Network for Age-friendly Cities and Communities  
 New *In Their Own Words* Becoming a Feminist Scholar  
 New *An Issue for Public Policy*: How Immigration Policies Discriminate Against the Aged  
 New *In Their Own Words* Becoming a Feminist Scholar

#### Chap. 4

New introduction on Generation Z  
 New *In Their Own Words*: Becoming a Transnational Family  
 New *Diversity in Aging Experience*: The Effect of Military Service on Life Expectancy

#### Chap. 5

New *An Issue for Public Policy*: How the Patient Protection and Affordable Care Act of 2010 Affects Medicare  
 Updated discussion of Social Security, Medicare and Disability Insurance.

#### Chap. 6

Update on older drivers.  
 Updated discussion of trends in active life expectancy.

#### Chap. 7

New *Aging Around the World*: The Effect of Diet on Cognitive Decline among Elderly Chinese  
 New *Diversity in the Aging Experience*: Living with Stigma: Mental Health and Well-Being among LGBT Adults  
 New discussion of factors affecting cognitive ability in later life.

#### Chap. 8

Updated statistics on marital status in later life  
 New *Diversity in the Aging Experience*: Social Network Quality among Older Gay Men  
 New section on The Effect of Divorce on Family Relationships  
 New section on Friendship in Later Life

#### Chap. 9

New *In Their Own Words*: Feeling Trapped at Home  
 New *An Issue for Public Policy*: Creating Age-Friendly Communities  
 New *Diversity in the Aging Experience*: Homelessness Among the Aged  
 New discussion of downsizing.

#### Chap. 10

Updated statistics on labor force participation patterns  
 New discussion of gig work  
 Updated discussion of the ADEA.  
 New discussion on retirement planning.

#### Chap. 11

New *In Their Own Words*: Exercise as a Social Interaction  
 New discussion of racial and ethnic differences in uses of health-related technology.

#### Chap. 12

New discussion of the need for home care in the era of coronavirus.  
 New *In Their Own Words*: Caregivers Navigating the Health Care System  
 New discussion of Program of All-Inclusive Care for the Elderly and Money Follows the Person

#### Chap. 13

New *Diversity in the Aging Experience*: Rising Mortality among Middle-Aged Whites  
 New discussion of racial disparities in the risk of death over the life course.

New *In Their Own Words*: Family Caregivers of Hospice Patients

#### **Chap. 14**

New discussion of the economic status of millennials  
New *In Their Own Words*: Using a Reverse Mortgage for Retirement Income

Updated discussion of options for Social Security reform

New box *Diversity in the Aging Experience*: Protecting the Vulnerable

*Aging Around the World*: International Experiences with Privatization

#### **Chap. 15**

New *Diversity in the Aging Experience*: LGBT Health and Well Being Over the Life Course

New *An Issue for Public Policy*: How the Retirement Equity Act Improved Income Security for Widows

Updated discussion of homeownership by race.

#### **Chap. 16**

New introduction on the 2020 election

Updated discussion of voting patterns by age.

Updated discussion of generational equity and entitlement crisis debates.



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## **ACKNOWLEDGMENTS**

In the process of writing this text, I have received help from many people. At McGraw-Hill I am indebted to Francesca King, my Product Developer; Danielle Clement, my Content Project Manager; and Carrie Burger, my Content Licensing Specialist. Others who helped in the production of this edition include the development team, MPS North America LLC, led by Sheri Sipka.

Last but not least, I would like to say a special thank-you to the following individuals who reviewed the manuscript and whose invaluable suggestions resulted in significant improvements:

Marcia Adler, University of Nebraska Omaha

Heying jenny Zhan, Georgia State University

Atsuko Kawakami, Ph.D. Tarleton State University

Dana Donohue, Northern Arizona University

Mirelle Cohen, Olympic College

Cynthia Hancock, PhD; UNC Charlotte

Sue Humphers-Ginther; Minnesota State University Moorhead

R C Intrieri, Ph.D. Professor of Psychology Western Illinois University





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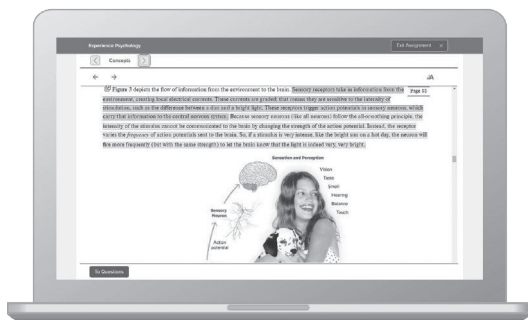
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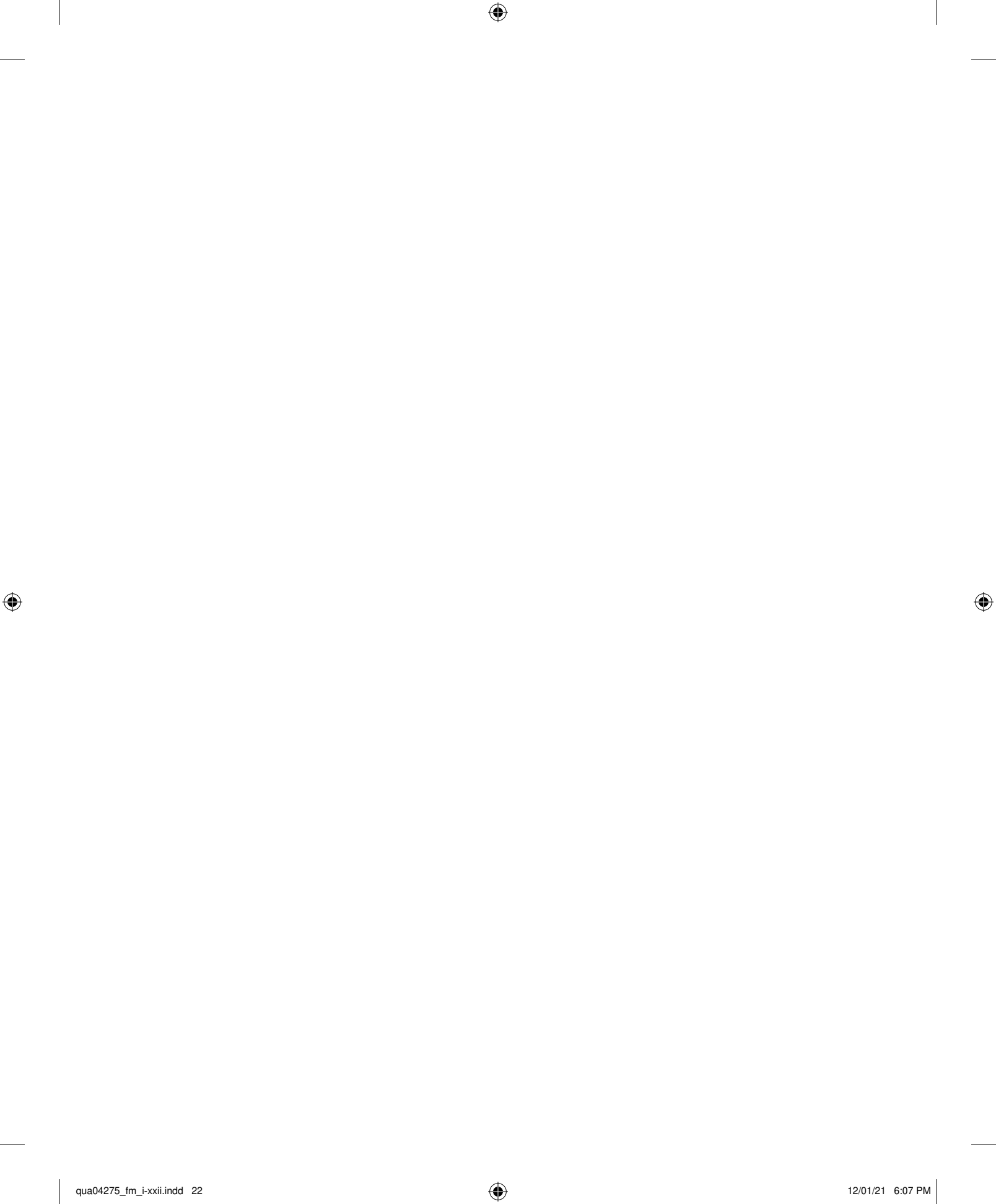
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## Part One

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# DEFINING THE FIELD

**S**ocial gerontology is the study of the social aspects of aging. Among the topics of interest to social gerontologists are family relationships, health, economics, retirement, widowhood, and care of the frail elderly. The chapters in Part One provide a firm grounding in the core issues and key trends in the discipline.

*Chapter 1* discusses successful aging, conceptual challenges in aging research, and ageism. It also describes older Americans.

*Chapter 2* discusses the concept of the life course and describes various life course transitions that occur as people move into and out of various roles associated with the family and the workplace.

*Chapter 3* introduces the major theories of aging. The chapter illustrates how each theory is influenced by the social, economic, and political context of the particular historical era in which it was formulated.

*Chapter 4* introduces the fundamental issues of the demography of aging, the study of the basic population processes of fertility, mortality, and migration. The chapter also describes population trends in the United States.

# Chapter 1

## The Field of Social Gerontology

### Chapter Outline

#### The Field of Gerontology

- Defining the Terms

- Successful Aging

#### Conceptual Issues in Research on Aging

- In Their Own Words: Aging Successfully*

- Defining Old Age

- Cohorts and Generations

- Aging around the World: Growing Old in Lebanon*

#### Ageism

- Stereotypes

- Age Discrimination

- Perpetuating Ageism through the Media

- Reducing Ageism through Education

- An Issue for Public Policy: Online Age Discrimination in Employment*

- Diversity in the Aging Experience: Gender and the Double Standard of Aging*

#### A Profile of Older Americans

- Health

- Racial and Ethnic Composition

- Marital Status

- Income and Poverty

- Education

#### Careers in Social Gerontology

- The Gerontological Specialist

- Expanding Career Opportunities

- Becoming a Gerontological Specialist





Ryan McVay/Getty Images

**T**his college graduate exemplifies the notion that successful aging involves an active engagement with life.

### *Looking Ahead*

1. What is social gerontology, and how is it related to the broader field of gerontology?
2. How is old age defined, and what difference does the definition make?
3. What is a cohort, and why are social gerontologists interested in cohorts?
4. What is ageism, and how is it perpetuated?
5. How do older men and women differ in terms of marital status?

**O**ver the past half century, rapid increases in life expectancy have made the prospect of living to be 100 years old a reality for more and more people. Would you want to live to be 100? Would society be better if everyone lived to be 100? How would you spend those added years beyond age 65?

If you think about these questions for a few minutes, you will probably conclude that a long life is desirable only if it is a good life. A good life,

in turn, means having good health and a meaningful and respected place in society. Few people would want to live to be 100 if they were fully dependent on others for their most basic needs. Nor would they wish to live so long if they were alone, with no love or companionship. Freedom from disease and disability, an intact mental capacity, and an active engagement with life are the attributes of **successful aging** (McLaughlin et al., 2010).

The first part of this chapter defines gerontology and its subfield social gerontology and describes how the focus of the field has shifted from an emphasis on the problems of old age to the promotion of successful aging. We will examine how social gerontologists approach their subject conceptually, including the special challenges of defining old age and determining whether an observed outcome is actually the result of aging processes. And we will consider the methods researchers use to meet those challenges. Next, we will see how research findings can help to dispel misconceptions about aging, which often form the basis for discrimination against older people. The chapter closes with a consideration of the practical contributions of research on aging in a changing political climate.

## THE FIELD OF GERONTOLOGY

### Defining the Terms

**Gerontology** is the scientific study of the biological, psychological, and social aspects of aging. The field originated late in the nineteenth century, with the new science of **senescence**. Senescence is the application of evolutionary principles to understand decline leading to death in humans and other living organisms. The theory of senescence argued that death is a part of the process of natural selection, a way to weed out the old and worn-out members of a population. The term *gerontology* was coined in 1904 by the immunologist Elie Metchnikoff. During the 1930s the study of gerontology expanded to include the social as well as the biological aspects of aging (Cole, 1992). In 1938 the first interdisciplinary research in social gerontology (Achenbaum, 1996) was published in the book *Problems of Aging*, edited by Edmund Vincent Cowdry.

**Social gerontology** is a subfield of gerontology. Social gerontologists are concerned mainly with the social, as opposed to the physical or biological, aspects of aging. Among the topics of interest to social gerontologists are family relationships, health, economics, retirement, widowhood, and care of the frail elderly. Social gerontologists not only draw on research from all the social sciences—sociology, psychology, economics, and political science—but they also seek to understand how the biological

processes of aging influence the social aspects of aging. The research findings generated by social gerontologists are used in the applied disciplines of social work, public administration, urban and regional planning, and many others to help professionals design and implement programs and policies for aging people in an aging society.

### Successful Aging

While early studies tended to focus on the crisis of growing old, social gerontologists now recognize that successful aging depends not just on the prevention of disease and disability, but also on the attainment of peak physical and psychological functioning and participation in rewarding social and productive activities. Instead of taking a negative approach to the problems of aging, social gerontologists are now investigating the factors that create a healthy, fulfilling life in old age (McLaughlin et al., 2010).

What should individuals do or avoid doing to age successfully? What social policies and arrangements should society implement to help aging individuals reach their maximum level of functioning? Are certain settings and lifestyles more conducive to healthy aging than others?

One component of successful aging involves setting goals and making plans. Another component is participating in meaningful activities and staying actively engaged with life (Holahan and Chapman, 2002). Participation may involve hobbies and travel, work, either paid or volunteer, and enjoying social contacts with family and friends (Huijg et al., 2017). Other factors that have a significant effect on successful aging include physical health, cognitive functioning, and adequate social resources (Cho et al., 2015). In the “In Their Own Words” feature, older people living with various disabilities explain why they still feel they are aging successfully.

Over the past few decades, advances in technology have made it possible to improve the aging experience by helping older people stay connected and reducing social isolation. For example, technology offers new tools for the diagnosis and treatment of health problems associated with aging including advances in geriatric medicine in diabetes control (Kebede, Schuett, and Pischke, 2019)



Andrew Resek/McGraw-Hill

## In Their Own Words

### Aging Successfully

For some older people successful aging means acknowledging that aging is a natural process that is often accompanied by disability.

One 81-year-old white male stated that “successful aging means you accept your limitations and realize that you can’t do at 80 what you did at 20.”

A 67-year-old African American man said, “I can’t do some of the things that I used to. That is part of life, and I have to get used to it.”

Success may also be defined in terms of feeling satisfied with the choices made earlier in life.

One 67-year-old Latina woman regrets not getting an education but is satisfied with the way she raised her children.

“Success? No, because I never got an education ... I could only work as a domestic. I have been successful in seeing my children get ahead.”

Similarly, a 62-year-old African American man felt his life was a success because his children were doing well.

“I had children. They grew up, and they had children. I feel good about that.”

Finally, success can mean financial security. As one 83-year-old Chinese man explained, “I consider myself secure. It’s different from success. Success is like he has money and can make money. We’re secure. I don’t have to worry about anything.”

Source: Romo et al. (2013:944–945).

and psychological well-being (Chen and Schulz, 2016). New technologies in the area of transportation have improved mobility and independence for the elderly (Harvey, Guo, and Edwards, 2019). Of course, technology also has some disadvantages (Neves and Vetere, 2019). Older people are more likely than younger people to share fake news on Facebook (Guess, Nagler, and Tucker, 2019), are more skeptical about online safety (Jiang et al., 2016), and are more likely to be the victims of internet fraud (Jorna, 2016; Whitty, 2019). Despite these problems, overall technology has improved the ability to older people to age successfully.

### CONCEPTUAL ISSUES IN RESEARCH ON AGING

In studying aging and the life course, social gerontologists are confronted with the same challenges posed by all social science researchers. They must define the population to be studied, select the

appropriate research method (which may be either qualitative or quantitative), determine that their research instruments are accurate, and perform an analysis of the data. Defining the subject matter may seem to be the least complex issue, but we shall see in the following section that old age may be defined in at least four different ways.

### Defining Old Age

When is someone old? Although the question sounds simple, definitions of aging and old age vary widely. In studying older people and individual aging processes, researchers need some marker of age. The choice they make often depends on the nature of the issue under investigation rather than on some abstract conception of old age.

**Chronological age** One commonly used marker of old age is **chronological age**. Although often useful for making clear decisions about whom to include as subjects in a study, chronological age can also

be an arbitrary marker. For example, in the United States 65 is the age that is most often considered old, because that is when people originally became eligible for full Social Security benefits and Medicare. The eligibility age for full Social Security benefits is currently 66 and will gradually rise to 67. Does this mean old age will then be viewed as beginning at 67?

Chronological age also can be a poor indicator of old age, because some people may be “old” at 50, whereas others may seem “young” at 80. Think of Congressman Ron Paul, who ran for president at the age of 76.

Finally, the use of chronological age is problematic because it lumps together people of widely varying generations into a single category. A 65-year-old has as much in common with an 85-year-old in terms of interests and life experiences as the average 20-year-old has in common with a 40-year-old. Why should they both be considered old? Because of these problems, even when chronological age is used as a marker of old age, social gerontologists often divide older people into three subcategories. The **young-old** are people 65 to 74, the **middle-old** are those 75 to 84, and the **oldest-old** are those 85 or older.

**Social roles and age** Since chronological age may be an inappropriate indicator of old age for some types of research, social gerontologists sometimes define people as old according to the **social roles** they play. Social roles are sets of expectations

or guidelines for people who occupy given positions, such as widow, grandfather, or retiree.

Yet playing a role associated with a social position one typically assumes in old age doesn’t mean an individual is old. Some people work at jobs that allow them to retire after a certain number of years of employment. An autoworker, for example, can retire after 30 years. If a young person began working in a factory right out of high school at age 18, he or she would be eligible to retire at 48. Military personnel can retire after 20 years. The same is true of grandparenting. A woman who had a baby in her teens may become a grandparent in her 30s. But being a grandparent, regardless of one’s age, can make a person feel older.

**Functional age** A third criterion for determining old age is **functional age**. Definitions of functional age are based on how people look and what they can do. One component of functional age is ability to perform. In functional terms a person becomes old when he or she can no longer perform the major roles of adulthood. One example would be no longer being able to drive.

Functional age also may be measured by such normal physical changes as stiffness of joints, diminished short-term memory, reduced skin elasticity, and diminished aerobic capacity. People not only age in different ways and at different speeds, but different parts of the same person may age at different rates as well. A physically fit marathon runner might have a severe hearing loss. A 54-year-old man might be able to run longer (though probably not faster) than his 23-year-old son (Staehelin, 2005).

Finally, functional age may be determined by appearance. Gray hair and wrinkles are physical features we associate with old age. Yet in today’s world, hair dye and face-lifts can alter appearances so dramatically that the normal signs of physical aging can be largely obscured. For these reasons, functional criteria may be misleading.

To better classify people by their functional capacities, gerontologists have devised three categories: “well,” “somewhat impaired,” and “frail.” The **well elderly** are people who are healthy and active. They are involved in social and leisure activities and are often employed or busy with volunteer work. They carry out family responsibilities and are fully



Cade Martin/agefotostock

*Becoming a grandparent means taking on a new social role associated with aging.*

engaged in the life of the community. The **somewhat impaired elderly** are those in a transitional stage. They are beginning to experience chronic ailments and need some assistance from family or community service agencies. Although they can participate in many aspects of life, they may need support in transportation, shopping, cleaning, or personal care. Finally, there are the **frail elderly**. They show some mental or physical deterioration and depend on others for carrying out their daily activities. They need more care from family members and may be in institutions. Yet even the frail elderly can improve. Other examples where measures of functional age may be useful involve public safety. Should airline pilots or firefighters be forced to retire at a certain age or should they be allowed to work as long as they meet certain criteria for safety? Functional age can be a useful concept, but many gerontologists prefer to use other measures of aging (Ferraro 2018). There are three reasons for this preference:

- Measures of functional age presume that to be old is to function poorly and that the ideal is to be young. Thus, the concept is inherently ageist.
- Most measures of functional age focus on characteristics that decline with age, such as eyesight, but ignore attributes that improve with age, such as wisdom.
- Gerontologists cannot agree on which measures of functional age to use.

**Subjective age** Some of the limitations associated with functional aging can be compensated for easily. A person can make lists of things to do, wear bifocal glasses, and exercise regularly. People who are successful in compensating for functional limitations are able to maintain a **subjective age identity** of themselves as young. In one survey of people aged 40 to 90, 85 percent said they were not old yet. One 90-year-old woman said she wouldn't count herself as old until she was 95 (AARP, 2014).

The most important factors in subjective age identity are activity level and health. Older people who do define themselves as old can often pinpoint a particular incident (e.g., a heart attack or a hip fracture after a fall) that made them feel old. The health problems need not be dramatic. Tiring more easily or feeling stiff

upon awakening in the morning can make a person recognize that he or she is aging (Staehelin, 2005).

Subjective age identity also appears to be influenced by social class. Compared with their wealthier counterparts, people of lower socioeconomic status view the onset of old age as occurring at a younger age. They are more likely to classify themselves as “old” or “elderly” and more likely to feel older than their chronological age. The main reason for these perceptions, however, is that they have more pessimistic feelings about their health (Barrett, 2003). Health is the most important factor in determining subjective age identity.

Subjective age identity is also influenced by gender. Many studies find that women hold more youthful age identities than men. One explanation is that women are often evaluated on the basis of their physical attractiveness or reproductive potential. As a result, aging has negative connotations for them. Aging men, by contrast, are more likely to be viewed as having greater competence and autonomy. Men's earnings also tend to peak in middle age. Thus, aging has more positive connotations for men (Barrett, 2005).

Regardless of what definition of age a person chooses, tremendous variability exists from individual to individual. The point is not that it is impossible to define old age but rather that the definition social gerontologists use depends on what they want to know.

Once social gerontologists have established how they are going to identify their subject matter, they must then decide how to interpret their research findings. One of the most complex issues they face is distinguishing *age changes* from *age differences*.

## Cohorts and Generations

Age changes occur in individuals over time, whereas age differences are ways one age group differs from another. It is often difficult to tell whether an observed outcome is due to an age change in individuals or to an age difference between groups. To help identify age differences, social gerontologists use the concept of a **cohort**. A cohort is the “aggregate of individuals who experienced the same event within the same time interval” (Ryder, 1965:845). Most studies use age cohorts, defined as all individuals born into a population during a specific time period



(Uhlenberg and Miner, 1996). But a cohort also can consist of people who enter a particular system at the same time. All college freshmen, for example, regardless of their ages, represent a cohort (Riley, 1995). Youth appears to be an impressionable period of the life course compared with other ages. When older people are asked to recall memorable periods in their lives, they often describe experiences from their adolescence or from early adulthood. What is your most memorable experience? Do you believe that youthful memories are most salient? The process of **cohort aging** “is the continuous advancement of a cohort from one age category to another over its life span” (Uhlenberg and Miner, 1996:208). When the last member of that birth cohort dies, it is extinguished.

Sometimes the terms **cohort** and **generation** are used interchangeably. Usually, however, social scientists reserve the term *generation* for studies of family processes. In this sense, then, generation refers to kinship linkages. For example, a four-generation study would typically include great-grandparents, grandparents, children, and grandchildren (Bengtson et al., 1990).

There are many forces that create cohort differences in aging. They include the composition of a cohort as well as the interplay between human lives and large-scale social change. Foremost among these forces is the fact that each cohort lives through its own slice of history.

**Historical change** People may be classified as belonging to a cohort according to historical eras. Differences in the year of birth expose people to different historical worlds with varying opportunities and constraints (Elder, 1994). We call the distinctive experiences that members of a birth cohort share and that shapes them throughout their lives a **cohort effect** (see Chapter 2). For example, people who grew up during the Great Depression of the 1930s may be more cautious about spending money than people who grew up during the 1990s.

We can identify five birth cohorts in the twentieth and twenty-first centuries:

- The Silent Generation (1928–1945)
- Baby Boomers (1946–1964)



John Flournoy/McGraw-Hill Education

*Many members of the silent generation are veterans of World War II.*

- Generation X (1965–1980)
- Millennials (1981–1996)
- Generation Z (1997–2017)

Which birth cohort are you? And why does it matter? That answer is that each cohort differs from others in important ways that shape their life choices, political preferences, and values.

The silent generation grew up during the Depression, and those early experiences made an indelible imprint on their lives in the context of lost opportunities for education and employment. Many of the stereotypes we hold about the aged as having little money or being in poor health derive from the real deprivation experienced by the silent generation. Many members of this generation made great sacrifices in World War II.

The baby boomers are the largest cohort born in the twentieth century. They are the product of a spike in births that began at the end of World War II and ended in 1964, partly due to the introduction of the birth control pill (Taylor, 2015). As they came of age, their lives were forever transformed by the civil rights movement, the women's liberation movement, and the anti-Vietnam War movement, which uprooted traditional social institutions and social norms.

The millennials are a highly educated and racially diverse generation. They grew up with computers in their homes and rapidly adopted new social media (Taylor, 2015). On the downside, they entered the job

market during the Great Recession of 2008 and have more student debt than any previous generation. They are already finding it more difficult to save enough for a down payment on a home, let alone set aside money for retirement (Dynarski, 2019). As a result, they are more likely to have lived with their parents as adults and to be unemployed or underemployed. This period effect may translate into worse economic prospects over the long term. Millennials are notorious for job hopping, and some employers feel that millennials have unrealistic expectations about the workplace. It seems likely that millennials will continue to switch jobs more frequently across the entire life course whenever an opportunity presents itself.

What about Generation Z? The iPhone was launched in 2007 when the older members of this generation were 10. By the time they reached their teens, they were constantly connected through social media and on-demand entertainment. They are even more racially and ethnically diverse than millennials and likely to know someone who prefers gender-neutral pronouns.

Millennials and Generation Z are more liberal than either the silent generation or the baby boomers and share many values (Parker, Graf, and Nik, 2019):

- Believe that increasing racial and ethnic diversity is good for society.
- Believe the government should do more to solve problems.
- Feel that blacks are treated unfairly in our society.
- Have positive views of interracial and same sex marriage.
- Feel society should be more accepting of people who don't identify as a man or a woman.

Although the dividing line between generations is somewhat arbitrary, the concept is useful for identifying changes in social trends and attitudes.

**Compositional differences** Another aspect that distinguishes one cohort from another is its composition and character. Cohorts vary in their racial, gender, and ethnic composition. For example, the cohort born in 1910 consists of many immigrants of Eastern European ancestry, whereas the

cohort born in 1970 consists of many immigrants of Hispanic ancestry. Cohorts also differ in demographic factors such as average family size, average age at marriage, and life expectancy.

Size is an especially distinctive characteristic of cohorts. As already noted, the baby boom cohort was much larger than the cohort born during the Great Depression. As the baby boomers grew up, they were confronted with an environment more competitive than the environment their parents encountered—too few places in school, too few entry-level jobs, too few homes to live in. The United States has felt the impact of the baby boomers at every stage of the life course and will continue to do so as they age.

Another way cohorts vary is in regard to family structure. Two decades ago one-quarter of women aged 85 to 89 were childless and another quarter had only one surviving child. In 2017, more than two-thirds of very old women are likely to have at least two surviving children (U.S. Census Bureau, 2018). That means they will likely have stronger family support. On the other hand, because of the trends previously noted, the aged of the twenty-first century will be more likely than the elderly of the twentieth century to have experienced a divorce or to have been single parents. Thus, family support might be more fragile and the sense of filial obligation weaker than in the past (Uhlenberg and Riley, 1995).

Multiple forces shape the aging experience, and these forces change across cohorts. Cohort analysis not only strengthens studies of historical change, but also helps us anticipate directions of future change. We already know that as the large baby boom cohort grows old, the demand for health care will rise and the cost of Social Security benefits will increase. Other changes that may be even more momentous may be just over the horizon.

In most other nations, historical change has had a significant impact on the aged. In the Arab world, care of the elderly has traditionally been a family responsibility, but war and out-migration of young adults and, in some cases entire families, have disrupted these traditional norms. The “Aging around the World” feature discusses some of the factors that have affected the aged in Lebanon.



# Aging around the World

## GROWING OLD IN LEBANON

Lebanon is a small Middle Eastern country, bordered by Syria to the north and Israel to the South. In Lebanon, as is true in Arab culture generally, the family is a key social and economic resource. It is the main source of security with the government providing little or no support. Multigenerational households in which adult children live with their own children and their parents are common and nearly 80 percent of older men and women live with family members. Yet Lebanon also differs from other Arab nations in terms of its demographic profile. Whereas most Arab countries have a “youth bulge,” that is a high percent of young people, which provides a safety net for the elderly, Lebanon has a low birth rate and a high rate of out-migration of young adults. As a result, older Lebanese people have a smaller pool of children and grandchildren to provide care in old age.

Many of the migrants who leave Lebanon are young, highly skilled, well-educated adults, who are drawn to other countries by high-paying jobs. This pattern of out-migration has had both positive and negative consequences for older family members. On the positive side, many young people who leave Lebanon are able to send money back home, providing their aging parents with greater financial security. On the negative side, the out-migration has depleted familial support systems. As a result, there are more older people living alone in Lebanon than in other Arab countries (Abdulrahim et al., 2016).

Lebanon is also facing new issues resulting from the civil war raging in Syria. Many Syrian refugees have fled to Lebanon, its near neighbor. While international attention has focused on the plight of the children, many older refugees arrive with broken families, no jobs, few resources, and numerous physical and mental health problems. Thus, in the future, Lebanon will not only have to contend with the issue of population aging facing all developing nation but also unique challenges associated with out-migration and regional political instability.

### *What Do You Think?*

1. How will the turmoil in many countries in the Middle East affect family stability and the support systems of the elderly?
2. What kind of support system is there for older people in your family?



## AGEISM

### Stereotypes

The term **ageism** refers to a set of beliefs about the aged. It is prevalent in health care, employment, public policy and the mass media (McNamara and Williamson, 2019). It involves two kinds of activities. The first is prejudice, which refers to negative stereotypes about older people. The second is discrimination, which means the people are denied opportunities just because they are old (2005). Most people recognize that discrimination against people because of their race or gender can be harmful, but they are less aware that ageism operates in a similar way. Yet ageism can have a negative effect on physical and emotional health (Sutin et al., 2015).

**Stereotypes** are a composite of ideas and beliefs attributed to people as a group or a social category. They may incorporate some characteristics or attributes that accurately describe some people who belong to the group, but they always fail to capture the diverse qualities of all the individuals in the group. Some older people, for example, may be rigid in thought, but many others are open-minded and interested in exploring new ideas.

How predominant are stereotypes about the aged today? Children's attitudes toward older people are often determined through their drawings. One study of middle school children found that they did not hold uniform views about the elderly and were equally as likely to draw figures with positive traits as those with negative traits. The authors concluded that middle school children have not yet formed strong images of aging (Lichtenstein et al., 2005).

Age stereotypes can also be found on social networking sites. Researchers did a content analysis of Facebook posts regarding the aged and found that the majority of descriptions of older people were negative. For example, one post read, "Old people do not contribute to modern society at all." Another said, "Old people are a pain in the (expletive deleted) as far as I'm concerned and they are a burden on society" (Levy et al., 2014:173). There was only one complimentary post, which referred to older men as wise. Check out Facebook for yourself and see if you find negative stereotypes about the elderly.

How prevalent is ageism? The gerontologist Erdman Palmore developed a survey to determine the prevalence of ageism and the types of ageism that were more commonly experienced by older people. He asked his respondents, 84 people age 60 and older, how often they had experienced incidents of ageism. More than half had been told a joke poking fun at old people, and one-third had received a birthday card making fun of aging. One-third also reported being ignored or not taken seriously and 18 percent were called an insulting name because of their age. A smaller number felt that, because of their age, they had been denied a job, ignored by a waitress, or denied a promotion (Palmore, 2001). In another study, undergraduates were shown a man named Max who wore a checked shirt and was neither handsome nor ugly. What the students did not know was that they saw three different versions of Max, played by three different actors. One Max was 25 years old, another 45, and the third 75. Each Max read the same script except that half of the time the Max character said he was the type of person who would share his wealth with relatives (compliant) and the other half of the time the Max character said he would not (assertive). The students were then asked to give their opinion of Max. When rating the two younger Max characters, it made no difference whether Max was assertive or compliant. They were rated equally high by the students.



Blend Images/Getty Images

*Although some physicians have ageist attitudes, most are caring in treating older patients.*

But when the older Max said he would not share his wealth with relatives, he got a very negative rating. The researchers concluded that assertive older people could run into trouble if they expressed their views too forcefully, especially in the workplace (North and Fiske, 2013). These results indicate that ageism is still a problem.

People with ageist attitudes often view women more harshly than they view men. The “Diversity in the Aging Experience” feature discusses the double standard of aging.

## Age Discrimination

People who act on the basis of negative stereotypes and ageist beliefs are engaging in **age discrimination**. Age discrimination can occur in a variety of settings. One setting is the health care system. Physicians may treat older patients differently in a variety of ways. Older patients may receive fewer screening procedures. For example, patients diagnosed with rectal cancer have a higher chance of surviving if they have surgery and receive chemotherapy. Yet one study found that older patients were less likely to receive either treatment (Dharma-Wardene et al., 2002). Similarly, another study found that older patients with small cell lung cancer were less likely than younger patients to receive chemo or surgery (Kanski et al., 2017). Why does this apparent age discrimination in health care occur?

- One reason is that many health care professionals do not receive adequate training in how to care for older patients, because there is a shortage of training in geriatric medicine. Not all medical schools require coursework on this subject, although the number that do has been growing.
- Another problem is that older people are often excluded from clinical trials, even though they are the most likely group to need medications and assistive devices. The result can be unnecessary institutionalization, loss of independence, and even death (Perry, 2012).
- It may also be the case that doctors fear that their older patients are not fit enough to tolerate aggressive treatment or that they are more at risk of developing complications.

Another area where age discrimination occurs is in the workplace. Several studies have found age discrimination to be entrenched in the workplace in terms of hiring practices, the way older workers are treated on the job and in decisions to fire employees. Older workers frequently feel that they have not been given opportunities for advancement or not being allowed to do the kind of work they would like to do (Shippee et al., 2019). Legally, some of these practices are forbidden.

According to the **Age Discrimination in Employment Act of 1967 (ADEA)**, employers may not fire, demote, or reduce the salaries of older workers without good cause (see Chapter 10). Despite the law, older workers file thousands of claims of job discrimination each year (Schrader and Nazarov, 2015). Many of these claims involve unlawful firing, which is the most visible type of age discrimination. What is more prevalent but also more difficult to prove is age discrimination in hiring. People who interview for a job and are not hired usually have no information about the other candidates and may presume their credentials were not strong enough or that they did poorly in the interview. The law on this issue remains unsettled. In 2019 one health care company, CareFusion, advertised for candidates with no more than 7 years of experience. A 58-year-old man, Dale Kleber, applied anyway and was not offered an interview. Instead a 29-year-old was hired for the job. Kleber sued under the ADEA but the U.S. Circuit Court of Appeals ruled that CareFusion did not violate the law.

## Perpetuating Ageism through the Media

Ageist stereotypes are transmitted in a variety of ways—through the family, in the workplace, between groups of friends. But most importantly, they are perpetuated by the media, including television, the print media, film, and the internet. Early research on how older people were portrayed in the media found an emphasis on declining health, loss of physical attractiveness, dried out romance, and presumed inappropriate sexual relationships (Rozanova, Wada, and Clarke, 2018). Are these depictions still prevalent today?

**Television** In our society, television is a powerful source of mass communication. Several studies have examined how older people are depicted in television shows and ads. One analysis of prime-time TV shows found that fewer than 2 percent of characters in these shows were over 65 and that more than two-thirds of older people were portrayed in a disrespectful way (Dahmer and Cozma, 2009). Yet there is also evidence that television can be a vehicle for changing negative perceptions of aging. In the Netflix hit show, *Grace and Frankie*, the characters are portrayed by two popular actresses, Jane Fonda and Lily Tomlin. They are interested in affective relationships, do not hide their sexual desires, and start a new and highly successful business.

Television ads have improved significantly in the way they depict older people. One study examined TV commercials from the 1950s to the 1990s. In the 1950s, 80 percent of ads portrayed old people as conservative and 60 percent as despondent. Overall, 80 percent of TV commercials used negative stereotypes of the elderly. Recent television commercials depicted the elderly in a much more positive light. Over 40 percent showed elderly people as adventurous, and only 32 percent used negative stereotypes (Miller et al., 2004).

**Print media** Although some studies of the print media have found that the elderly are more likely than other age groups to be portrayed negatively, others have noted an equal number of positive portrayals, particularly in fiction (Vasil and Wass, 1993). A positive depiction of aging can be found in Mitch Albom's best-selling novel, *For One More Day*. In this novel a retired baseball player, Chick Benetto, returns to his childhood home in despair about the failures he has experienced during his life. He attempts to commit suicide but in the process encounters the spirit of his deceased mother. Chick learns that when someone is in your heart, they are never truly gone. Rather they can return, even at the most unlikely times. Thus, age can bring wisdom and a belated sense of appreciation for one's parents. A more negative view of aging occurs in Philip Roth's novel *Exit Ghost*, in which 71-year-old Nathan Zuckerman returns to New York after 11 years in self-imposed isolation in rural Massachusetts. The

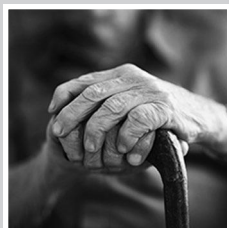
novel follows Zuckerman as he attempts to come to terms with his impotence and incontinence resulting from surgery for prostate cancer.

**Film** The theme of aging as a journey of self-revelation has also been prominent in films such as *A Trip to Bountiful* and *Driving Miss Daisy*. In some other films, older people play the lead roles, and the plot centers on sympathetic characters dealing with the realities of aging or coping with intergenerational relationships. In the popular film *In Her Shoes*, Shirley MacLaine plays the long-absent grandmother of two feuding sisters. MacLaine's character lives in a lovely upscale retirement community, where the men play shuffleboard and ogle her granddaughter, Cameron Diaz, when she goes out to the pool. Diaz plays a beautiful, self-centered but insecure, woman who is seeking a safe haven (and free lodging) with her no-nonsense grandmother. As she takes a job as a volunteer at a nearby nursing home, she bonds with some of the down-to-earth elderly characters, learns compassion, and develops self-respect.

**The Internet** In recent years the rise of the Internet has made online media the most important source of information for many people. There is substantial evidence that ageist biases are prevalent online. Age discrimination in job recruitment, in particular, has become more blatant with the rise of the Internet. *An Issue for Public Policy* describes the subtle ways age discrimination has gone online.

## Reducing Ageism through Education

Although negative stereotypes about aging and older people are pervasive, there are ways to improve attitudes. One strategy is through education. In one study undergraduates at a university were asked to answer 10 true/false questions about aging. For example, one question stated that "Depression is more frequent among older adults than among younger people." After the students answered the questions, they were provided with the correct information. Another group of undergrads were not given correct answers to questions about older people. A week later the students in both groups were asked to answer a series of questions designed to tap into ageist attitudes.



# Diversity in the Aging Experience

## GENDER AND THE DOUBLE STANDARD OF AGING

The form ageism takes tends to differ by gender. In our society, women are more likely to be evaluated according to their sexual attractiveness, whereas men are more likely to be evaluated by their occupational success. Thus for women, avoiding age discrimination depends on maintaining a youthful appearance. A man with gray hair and wrinkles may be considered distinguished looking, but a woman is simply thought to be old (Barrett, 2005).

In one study of men and women between the ages of 18 and 80, researchers asked respondents whether they had used any cosmetic techniques to conceal their age, such as dyeing their hair, using wrinkle cream, or having plastic surgery (Harris, 1994). On every measure, women were more likely than men to use such techniques, especially dyeing their hair (34 percent of women compared with 6 percent of men) and using wrinkle cream (24 percent of women compared with 1 percent of men). Although equal numbers of men and women indicated they used such techniques out of concern for their appearance, women rated looking younger as more important to them, both personally and on the job, than men. All subjects found signs of aging significantly less attractive in women than in men (Harris, 1994).

In another study researchers examined older women's motivations for exercising, dieting and choosing their clothing and found these behaviors were dictated by their concerns for having a youthful appearance (Carter, 2014). A recent study also found that only 12 percent of older women were satisfied with their body size and that body image was a persistent and lifelong issue for women (Cameron, Ward, Manville-Anstey and Coombs, 2019).

While the double standard of aging is clearly detrimental to older women, stereotypes of men as independent and self-reliant may also harm older men. Aged widowers receive less help and less emotional support from family and friends than do widows, perhaps because of this stereotype (Moyers, 1993).

### *What Do You Think?*

1. Has anyone you know ever resorted to expensive cosmetic treatments such as plastic surgery to conceal the signs of aging? If so, was that person a man or a woman?
2. Over the past few decades, women have made great strides toward equality in educational achievement and career advancement. Why do they still suffer from a double standard concerning appearance?



# An Issue for Public Policy

## ONLINE AGE DISCRIMINATION IN EMPLOYMENT

In the past, most jobs were advertised through print media where the ADEA made it illegal for employers to request that only younger people apply. Now more job ads appear online through various forms of social media, giving employers a new way to bypass the ADEA and discriminate against older workers. Some employers only advertise on web sites accessible to college students. Others use drop-down menus in job ads. Many of these menus only go back to the 1980s, thus screening out anyone who has work experience or education before that date. Online discrimination also occurs when employers target or restrict ads to certain age groups. For example, T-Mobile used Facebook to recruit applicants for retail positions, saying it wanted to reach people 18 to 38. As a result of such practices, Amazon, T-Mobile, and Facebook are being sued for age discrimination and Facebook is reviewing its policy on ad targeting (Guynn, 2017).

Are these isolated incidents or is age discrimination still prevalent? In one recent study researchers sent out over 40,000 resumes for more than 13,000 jobs posted online in 12 different cities. They sent three resumes for each job listed representing three age groups, young, middle-aged, and older. Even though all of the workers had the same skills and qualifications, the older workers received significantly fewer responses (Neumark, Burn, and Button, 2018). These examples prove how difficult it is to eliminate age discrimination, even when it is against the law.

### *What Do You Think?*

1. Should companies be allowed to target job ads to young people?
2. Have you ever felt you were discriminated against when you applied for a job?

Those students who had been informed about the actual condition of the aged, i.e., they are not more depressed than younger people, had more positive attitudes and expressed less ageism. The takeaway from this experiment is that education can reduce ageism (Lytle, Ashley, and Sheri Levy, 2019). Table 1-1 lists some common myths about the elderly along with the facts. Research by social

gerontologists has helped to dispel such myths and stereotypes and replace them with the facts. Research has shown that while some older people are physically frail and economically deprived, many others are in good health, are economically self-sufficient, and lead active and productive lives. The bottom line is that the elderly are as diverse as the rest of the population.

Table 1-1

Stereotypes and Facts about Aging

Stereotype	Fact
Most retirees are lonely and depressed.	Most retirees are busy, active, and satisfied with their lives. (Chapter 10)
Most older people are poor.	More than 88 percent of people 65 and older have incomes above the poverty level. (Chapter 14)
The aged are isolated from family members.	The vast majority of older people have regular contact with family members and see at least one child once a week. (Chapter 8)
Most older people are disabled.	Older men and women spend more than 80 percent of their lives free of disability. (Chapter 6)
People become more mellow as they grow old.	Personality is stable. It does not change with age. (Chapter 7)
Nearly a third of people 65 or older are in nursing homes.	Fewer than 5 percent of people 65 and older are in nursing homes. (Chapter 12)
The aged are politically powerful.	Politicians do take senior citizen organizations into account when considering what policies to support, but these organizations have mainly been effective in preventing major cuts in Social Security benefits. (Chapter 16)
In the past, older parents commonly lived with their children and grandchildren.	In the United States it has never been common for three generations to live together. (Chapter 8)
Welfare is for the poor.	The two largest welfare programs in the United States are Social Security and Medicare. Together they account for more than half of all federal social welfare expenditures. (Chapter 5)

A PROFILE OF OLDER AMERICANS

People over 65 are no more alike in terms of race, gender, social class, geographic distribution, or living arrangements than are people in their 20s or 30s. Some struggle to make ends meet, others live comfortably, and a very few are wealthy. In this section, we examine more closely the diverse characteristics of older Americans.

Health

Young people often have the mistaken impression that the majority of older people are in poor health and that a large number reside in nursing homes. Although most older people are in good health, people do need more assistance as they grow old. It is relatively rare for young people to need help with

everyday activities but 71 percent of people age 80 and over have at least one disability and 30 percent need assistance with activities of daily living.

It is also a myth that most people 65 and older reside in nursing homes. Only about 1 percent of people 65 to 74 live in a nursing home. This number increases among the oldest-old, however, with 13 percent of people 85 or older residing in nursing homes. More older people do live in assisted living facilities, which we will discuss in Chapter 12 (Family Caregiver Alliance, 2015).

Racial and Ethnic Composition

The older population is less diverse than younger people in terms of racial and ethnic composition. In 2011, just 21 percent of individuals 65 and older were members of racial or ethnic minority populations.



By 2016, 23 percent of persons age 65 and over were members of racial or ethnic minority populations:

- 9 percent were African-Americans.
- 4 percent were Asian or Pacific Islander.
- 0.5 percent were Native American.
- 0.7 percent identified themselves as being of biracial.
- 8 percent persons of Hispanic origin (who may be of any race) (Administration for Community Living 2018). In the future the population of people 65 and older will become more diverse as younger cohorts reach old age.

## Marital Status

When young people marry, they typically feel optimistic about the future and don't think about the fact that they might divorce. Nor do they consider that one or the other spouse will become widowed. Figure 1-1 shows the marital status of people 65 and older. The first notable finding is that women are much less likely to be married than men, 46 percent

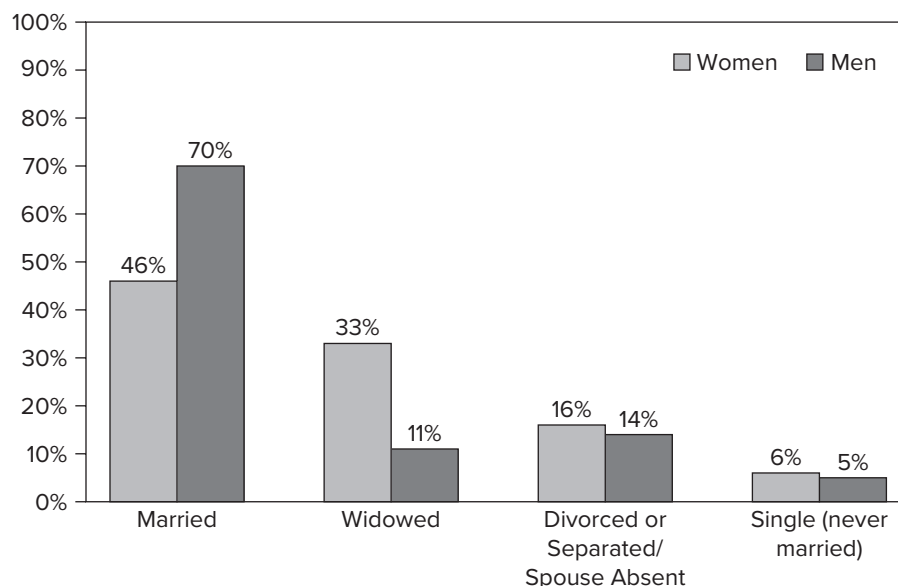
compared to 70 percent. Women are also much more likely to be widowed. By contrast, rates of divorce and separation are similar for men and women as is the likelihood of being never married.

Gender differences in marital status in old age are partly explained by the fact that women have lived longer on average than men, a topic we discuss in greater detail in Chapter 4. As a result, most women outlive their husbands. Another reason is that widowed men are seven times more likely to remarry than widowed women. In part, this figure is due to the shortage of older men, but there is also a double standard for an appropriate marriage partner. At all ages women marry men older than themselves, while men seldom marry older women.

There are also significant differences in marital status in later life by race and ethnicity. In 2003 nearly 73 percent of white men 65 or older were married and living with their wives; in comparison, just 43 percent of 65-or-older white women were living with their husbands. The pattern for Hispanic men and women is similar, with 69 percent of Hispanic men being married but only 40 percent of Hispanic women.

Figure 1-1

Marital Status of Persons 65+, 2017.



Source: Administration on Community Living (2018).

Older African American men are much less likely to be married than either white or Hispanic men, and the numbers are even more dramatic for African American women—just 25 percent are married and living with a husband. There are several reasons for the small percentage of married black women, including higher divorce rates, greater mortality among African American men, and lower marriage rates.

There is considerable diversity in income among older people based on education, marital status, and race. Income rises substantially with education with people with a graduate degree having income nearly four times higher than people without a high school education. Married couples have the highest income while widows are most disadvantaged. Interestingly, never married women have incomes nearly as high as married couples.

## Income and Poverty

As recently as 1965, nearly one-third of people 65 or older had incomes below the poverty level. Since then, economic conditions for many older people have improved significantly. In 2016, 9 percent of older adults had income below the poverty level. This is good news, for the income of older people has improved substantially. It is important to recognize, however, that the typical older person is not wealthy with the median household income being \$31,618 for older men and \$18,380 for older women (Administration for Community Living, 2018). Further, the overall improvement masks considerable differences by marital status, gender and race. Consider these statistics on the risk of being poor:

- 7.1 percent of older whites
- 18.7 percent of older African-Americans
- 11.8 percent of older Asians
- 17.4 percent of older Hispanics

Among all racial/ethnic groups, older women are more likely to be poor than older men. The highest poverty rates are among black and Hispanic women (U.S. Census Bureau, 2018c).

In Chapter 15 we will examine in more detail the reasons that women and minorities are at greater risk of poverty in old age.

## Education

Education is one of the best predictors of a range of social outcomes. One of the most positive social trends in this country is the improvement in education. Each succeeding generation has been better educated than the one that preceded it. Between 1970 and 2017, the percentage of older individuals who had completed high school rose from 28 percent to 86 percent, with 30 percent of older people having a bachelor's degree or higher. High school completion rates vary considerably by race and ethnic origin, however. As these statistics show, high school completion among older people were highest among whites and lowest among Hispanics:

- 91 percent of whites
- 79 percent of Asians
- 75 percent of African-Americans
- 79 percent of American Indian/Alaska Natives
- 58 percent of Hispanics (Administration for Community Living 2018).

College graduation rates exhibited a similar pattern. While this racial and ethnic gap is substantial, younger minorities are much more likely than their elders to have a college degree. As with age groups, the educational gap by race and ethnicity is narrowing.

The benefits of a good education accrue across the life course. People who have a college degree have better jobs, higher lifetime income, and better health than less educated people. Education is one of the best investments you can make.

## CAREERS IN SOCIAL GERONTOLOGY

With the population rapidly aging and the growth of social programs for the elderly, social gerontology is a booming field. An older population creates numerous demands on society, and much of what you learn in this course can be applied directly if you decide to choose a career in aging services. The people who provide those services are called gerontological specialists. Included in this definition are gerontologists, who are concerned with the physical, mental, and social aspects of aging, dentists



who are educated about the needs of aging patients who have several chronic conditions, and geriatricians, who are concerned with medical care and rehabilitation. Recognizing this need, the federal government now provides fellowships for training to work with the elderly, especially for Geriatric Training Centers at dozens of medical schools (Olson, 2010). Many universities also offer degrees and certificate programs for students who would like to work with the elderly when they graduate.

## The Gerontological Specialist

The activities that gerontological specialists perform are diverse, as shown in Table 1-2.

Some gerontological specialists work directly with older people. They provide care to the frail elderly in hospitals, clinics, nursing homes, adult day care centers, and home care programs. Others provide counseling to older people and their families regarding such issues as caregiving, employment, and mental health. Finally, direct service providers may advise older clients about estate planning and investments.

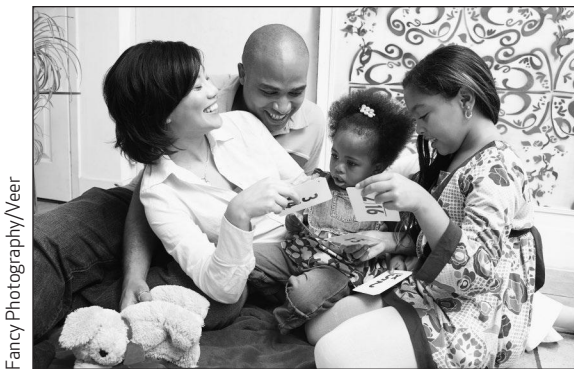
The second type of work performed by gerontological specialists is program planning and evaluation. These specialists design, implement, and evaluate programs that meet the needs of older people. This work is most often performed by social service agencies funded by the government and in community programs such as senior citizen centers. Many operate through state agencies such as a department of elder affairs, which coordinates and plans these services. Among those offered are transportation, meals delivered in the home, chores for homebound elders, English taught to elderly immigrants, blood pressure checks, and leisure activities such as painting or dancing.

Some cities have begun cooperative programs with police departments to ensure that their elderly residents are safe from crime. Senior Corps is an organization that links more than half a million people to organizations and groups that need their services. Activities include a Foster Grandparent program for at-risk children and the Senior Companion program that provides volunteers to help the frail elderly with activities of daily living.

*Table 1-2*

What Do Gerontological Specialists Do?

Direct service provision	Provide health, legal, psychological, and social services to individuals and their families
Program planning and evaluation	Design, implement, and evaluate programs for older people
Administration	Oversee the operation, staffing, expenditures, and evaluations of agencies and organizations for the elderly
Marketing and product development	Assess the needs of older people and develop and market services and products to meet those needs
Advocacy	Encourage the government and private sector to be responsive to the needs of older people
Education and training	Plan instructional programs for older people or teach courses on aging in universities and colleges
Financial planning	Advise people on the importance of saving and investing to ensure adequate finances in retirement
Research	Conduct basic research on aging processes or applied research on how well various programs meet the needs of the elderly



Fancy Photography/Veer

*Financial planners can help protect families and prepare individuals for income security when they retire.*

Gerontological specialists also work as administrators, overseeing the operation, staffing, expenditures, and evaluations of agencies and organizations that serve the needs of the elderly and their families. These managerial activities occur in a variety of settings, including health and social service organizations, corporations, and government agencies.

A fourth category is marketing and product development. Many of these positions are in the private sector where gerontological specialists assess the needs of various groups of older people and develop services and products to fill those needs.

Another niche for gerontological specialists is in advocacy. Advocates work in communities to encourage the government and the private sector to be responsive to the needs of older people. For example, advocates have helped many communities to recognize that one of the major limitations facing older people with a disability is transportation. In response, they have improved public transportation and reserved parking spaces near shopping centers for disabled people. Advocates often work for nonprofit organizations to develop specific programs for health care and community services and to improve government policy. Some organizations like AARP are primarily concerned with protecting programs like Social Security and Medicare and assessing future demands of an aging population.

The need for financial planning begins when people are in their 20s and the focus is on saving for retirement and investing wisely. As people grow older, they need advice on how best to preserve their resources so that they do not run out of money as they grow old. Financial specialists help people understand the benefits provided by their employers and by Social Security and Medicare. They help them choose among the various options for investing their money and explain the tax consequences of different decisions.

Gerontological specialists are also involved in education and training. Some teach in universities and colleges in departments of gerontology or in other departments like sociology, psychology, and social work. Practitioners who work with the aged need to keep up with scientific advances so that they are aware of new developments, and many courses and workshops are offered for people who need to keep their knowledge up-to-date.

Gerontological specialists also conduct research. Some researchers who study aging investigate the mechanisms of aging, while others focus on how well various programs fulfill the needs of the elderly. There is an increasing demand for basic research that will help gerontologists better understand individual aging processes and for applied research that will enable them to design and implement programs to meet the needs of an aging population. The mission of the Association for Gerontology in Higher Education is to support geriatric education for faculty and students. If you want to learn more about a career in gerontology, go to the AGHE website (AGHE, 2016).

## Expanding Career Opportunities

Some of the fastest-growing occupations are those in which the skills of gerontological specialists will be needed. As the baby boomers move into their 50s, more of them will require the services of financial planners to develop strategies for managing their retirement savings. Financial planners usually have four years of college and some have master's degrees in business or backgrounds in sales or marketing.

Another area in which demand will increase is geriatric social work. The growth of the population of those 85 or older means that more social workers will be needed to help people recovering from

illnesses to plan posthospital care and services, to provide counseling in health care settings such as assisted living centers and nursing homes, and to provide grief counseling.

The health care industry, currently the largest industry in the United States, is expected to grow dramatically in the future. The demand for physicians who have specialized knowledge of geriatrics will expand greatly. According to one estimate, every medical school in the country will need to have at least 10 geriatricians on its faculty to meet the need for trained geriatricians (Olson, 2010). Another area in which there will be substantial growth will be in services for people with chronic illnesses. Jobs in this area are likely to be in home care services rather than services provided in a nursing home. Another area of growth will be information technology. People need information about available services and about health and wellness and, thanks to the Internet, many people are educating themselves about wellness and prevention, illnesses and treatment options, care services, and beneficial health behaviors. There will be new jobs in meeting the information need. Finally, there will be more job opportunities to meet end-of-life demands. Employers will be looking for workers who understand pain management, who can design better health care delivery systems and treatment options, and who can manage complex health care systems (Wilber, 2000).

As a more affluent and educated cohort grows old, the demand for leisure activities will increase.

The travel and hospitality industries will expand, as will the retirement community industry. Travel agents will see more of their business coming from newly retired baby boomers, and real estate agents will be kept busy selling the homes of retirees who wish to develop leisure-oriented lifestyles.

## Becoming a Gerontological Specialist

How does a person become certified as a gerontological specialist? In some professions such as medicine, rehabilitation therapy, and nursing, a certified professional completes a traditional degree program and then takes a course of study to obtain a specialty in aging. Thus, a nursing student would pursue a degree in nursing and then specialize to become a geriatric nurse practitioner. Financial planners also have opportunities to take courses toward certificates in aging. For example, the American College of Financial Planners offers a CASL (Chartered Advisor for Senior Living) designation that consists of five in-depth courses on various aspects of retirement planning. Another option for those who want to work with older people but do not wish to obtain a professional degree in a traditional discipline is to pursue a degree in aging studies or gerontology. An increasing number of universities offer master's and PhD degrees in gerontology.

If you have an interest in aging and the life course, there is a career option for you.

Chapter Resources

LOOKING BACK

- 1. **What is social gerontology, and how is it related to the broader field of gerontology?** *Gerontology is the study of the biological, psychological, and social aspects of aging. Social gerontology is a subfield of gerontology that focuses on the social as opposed to the physical or biological aspects of aging.*
- 2. **How is old age defined, and what difference does the definition make?** *There is no single agreed-upon way to define aging and old age. The most commonly used definition in the United States is chronological age, but there are many other ways to determine when someone is considered old. These include taking on a social role such as widow or retiree; functional age; or subjective age identity. The definition that is most useful depends on the purpose. For example, chronological age is often used for defining eligibility for a benefit, such as Social Security, but functional age may be a more useful way to determine who is best suited to perform certain activities.*
- 3. **What is a cohort, and why are social gerontologists interested in cohorts?** *A cohort is a group of individuals who have experienced the same event in the same time period. The most common way to define cohorts is by year of birth. Cohorts are shaped by historical events, by their size and composition, and by changes that occur in the social institutions around them. Age changes occur in individuals over time; age differences are ways one cohort differs from another. The concept of a cohort is useful for distinguishing age changes from age differences.*
- 4. **What is ageism, and how is it perpetuated?** *Ageism is defined as stereotyping and discrimination against people on the basis of age. Stereotypes are a composite of attitudes and beliefs about people as a group. When people act on the basis of these beliefs, they are guilty of age discrimination. Ageism can take many forms. The form ageism takes differs by gender, because there is a*

*double standard concerning aging, whereby men are valued by their accomplishments and women by their appearance. Because of this double standard, women are more likely than men to attempt to conceal their age.*

- 5. **How do older men and women differ in terms of marital status?** *Older men are more likely to be married and older women are more likely to be widowed.*

THINKING ABOUT AGING

- 1. Are the older members of your family aging successfully? In what ways do they meet or fall short of the criteria for successful aging?
- 2. Pick someone in your family and define his or her age using each of the four definitions of old age.
- 3. List the generations in your family, and place each in one of the five cohorts described in this chapter.
- 4. Suppose a survey of students on your campus shows that many of them hold ageist attitudes. Explain why that could be a problem, and suggest ways to change students' attitudes toward the aging.
- 5. Select a TV show, book, or movie, and analyze the way aging characters are portrayed in it.

KEY TERMS

Age Discrimination 12	middle-old 6
Age Discrimination in Employment Act 12	oldest-old 6
ageism 11	senescence 4
chronological age 5	social gerontology 4
cohort 7	social roles 6
cohort aging 8	somewhat impaired elderly 7
cohort effect 8	stereotypes 11
frail elderly 7	subjective age identity 7
functional age 6	successful aging 3
generation 8	well elderly 6
gerontology 4	young-old 6

## EXPLORING THE INTERNET

1. The American Geriatrics Society (<http://www.americangeriatrics.org>) is an organization that works to address the needs of the aging population of United States. Go to the website (<http://www.healthinaging.org/find-a-geriatrics-healthcare-professional/>) and answer the following questions:
  - a. Who is most likely to provide primary care for older adults?
  - b. When should a geriatrician be consulted?
2. The American College of Financial Services is an organization that provides information and coursework for professionals who work to help people plan for retirement. Go to the website <http://www.theamericancollege.edu/> and answer the following questions:
  - a. What do financial planners do?
  - b. What requirements must be met to become a Retirement Income Certified Professional?

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# Chapter 2

## Life Course Transitions

### Chapter Outline

The Life Course Framework

Methodological Issues in Research on the Life Course

Age, Period, and Cohort Effects

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Longitudinal Research

Qualitative Research

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*An Issue for Public Policy: Defining the Transition to Old Age*





Ariel Skelley/Blend Images

Age norms are informal rules that tell us whether we are on time or off time for various life events.

### *Looking Ahead*

1. How did demographic change create a new phase of the life course called middle age?
2. What are the advantages and disadvantages of cross-sections and longitudinal research for measuring life course changes?
3. Do people attempt to time the major events in their lives?
4. Can the sequencing of major life events create role conflict?
5. Can major historical events affect the life course of a whole generation?
6. How can government affect the life course?

They call them Start Over Dads, or SODs for short. SODs are older men who are having children at a stage in life when other men their age are thinking about retiring to Florida or buying long-term-care insurance. Some SODs are celebrities, like Paul McCartney, who had a daughter at age 61, or Kenny Rogers, who had twin boys at 65. Many oth-

ers are ordinary men who often are in second marriages to younger women who want to have a child. What are the pros and cons of having children late in life? Some evidence suggests that SODs are more nurturing toward their children than are younger men and have more time to be engaged in their children's lives. On the downside, their children often worry about how long their fathers will

survive and may have to explain to strangers that, “Hey, he’s not my grandpa, he’s my dad.”

SODs are bucking what social gerontologists call **age norms**, those informal rules that specify age-appropriate roles and behavior. These rules often remain unspoken until they are violated, and then we recognize that they exist.

Age norms help to determine when people marry, how many children they have, and how they balance work and leisure. Yet life’s road map is constantly being redrawn because of changes in demography, the economy, and government policy. These deep transformations reorganize social life and alter individual patterns of growth and development. Social gerontologists who study this road map adopt what is called the **life course** approach. The life course approach recognizes that developmental changes based on biological processes mold human behavior from birth until death, but that human development is also influenced by an array of psychological, social, historical, and economic factors (Featherman, 1983).

In the first section of this chapter, we consider how the timing, duration, and order of life’s major events are shaped by demographic change and individual experiences and opportunities as well as large-scale social, economic, and political events, such as wars, periods of depression or prosperity, and government policy changes. Then we learn about the causes of inequality in later life. Finally, we discuss the role government policy plays in shaping the way people move through the life course.

## THE LIFE COURSE FRAMEWORK

The **life course framework** is an approach to the study of aging that emphasizes the interaction of historical events, individual decisions and opportunities, and the effect of early life experiences in determining later life outcomes (G. H. Elder, 2006). In making major decisions, such as when to have a child, people usually consider immediate issues such as their current finances or educational plans. They are less likely to consider how the decisions they make when they are young will influence the rest of their lives. Take the decision to have a child. What

are the advantages of having a child early in life, at age 23 or 24, compared with later, at age 35 or 37? Over the short term, early childbearing may delay the purchase of a house, because saving money is difficult when a couple has a child to support. A woman may also find that her career advancement is delayed. By the age of 45, however, the child will be grown, and the couple will have many more years to work and save before retirement. By contrast, a couple who waits to have children will have ample time to establish themselves in a career, buy a home, and become financially secure. Yet their children may not be independent until the parents have reached age 60! At a time when this couple should be saving for retirement, they will be paying for college.

These examples illustrate the lifelong consequences of some important individual decisions. The life course of individuals is shaped partially by such decisions made early in life and partially by events that are beyond a person’s control. This is the a central premise of life course research—that early experiences, opportunities and decisions result in individual differences in adulthood and are critical for future life chances (Alwin, 2012).

As people age, they move through different social roles that provide them with different identities—student, husband or wife, worker, parent. Sociologists call these role changes **transitions**. The concept of transitions refers to the role changes individuals make, as they leave school, take a job, get married, have children, or retire. Transitions are age-graded in the sense that there are certain expectations for when the transition from one role to another should take place (Shanahan and Macmillan, 2008). For example, there are societal expectations regarding when people should marry, when they should bear their first children, and when adult children should leave home. Yet traditional expectations are constantly being altered, as people delay marriage, divorce, or live 30 years past retirement. People also experience **countertransitions**, which are produced by others’ role changes. When you marry, your mother automatically becomes a mother-in-law. When you have a child, your father automatically becomes a grandfather. Should your spouse die, you will become a widow or widower. Although you yourself did not change, someone related to you did,

and that change produced your countertransition. Finally, a series of transitions is called a **trajectory**. In the past, gerontologists viewed trajectories as relatively stable and as having a clear order. The work trajectory, for example, was characterized in terms of three stages: preparation for work (education), work, and retirement. Now researchers recognize that there are multiple pathways in the ordering and timing of life events. For example, there have been distinct gender differences in employment trajectories, with women having more disorderly work careers than men as they move in and out of the labor force to care for children and aging parents. The work trajectories of women have had a negative impact on their income security in old age, because interrupted work histories mean lower Social Security benefits and less access to private pensions. Yet over the past several decades women's patterns of work have become more continuous, not only in the United States but in most European nations as well (Esping-Anderson, 2009). During the same period the number of years a man has worked for the same employer has declined, and the male work trajectory has become more disorderly. In the future, the gender difference in income security in old age that is characteristic of the aged today may disappear, because the work trajectories of men and women are becoming more similar. Social gerontologists now recognize multiple pathways in the ordering and timing of life events.

Similar changes have occurred in the family life course. In the past, the family life course included clear transition points beginning with courtship and followed by engagement, marriage, birth of the first child and last child, departure of children from home, and eventual death of a spouse (as discussed in Chapter 8). Today many marriages end in divorce, so an individual may experience marriage more than once, have children with different partners, and belong to multiple families over the life course. Further, many children will be a member of a single-parent household for some period of time before they become adults (G. H. Elder and Shanahan, 2006).

The intellectual origins of the sociological approach to the life course lie in several traditions that cross disciplinary boundaries. One tradition comes from age stratification theory, discussed in Chapter 3. Three

aspects of age stratification theory are relevant to the study of the life course. First, age is one of the bases for regulating social interaction and for ascribing status; second, the timing of the entry into and exit from social positions has age-related consequences; and third, the pattern of biological aging and the sequence of age-related roles are altered by historical events (e.g., improvements in health care, new technologies) (Riley and Riley, 2000).

Another influence on the life course approach is the anthropological study of age grading. **Age grades** are ways of using age as a social category to group people by status. Every society has generational principles for organizing the life course. In age-graded systems, males are ranked in hierarchical order according to their age group. Each group has a different role or grade, such as warrior for young men or elder for old men (Fry, 1999). The Arusha of Kenya recognize six grades: youth, junior warrior, senior warrior, junior elder, senior elder, and retired elder. Other societies have only two or three. Interestingly, most societies have more clearly marked age grades for males than for females. It may be because women are more tightly integrated into familial roles than men and that these kinship ties create vertical bonds between generations rather than horizontal bonds of age.

## METHODOLOGICAL ISSUES IN RESEARCH ON THE LIFE COURSE

### Age, Period, and Cohort Effects

A central methodological issue in life course research is how to distinguish between age effects, period effects, and cohort effects. An **age effect** is a change that occurs as a result of advancing age. The basic assumption in measuring age effects is that changes due to aging reflect biological and physiological developments that are independent of specific times, places, or events. The clearest example of an age effect is declining health. For instance, aging is accompanied by an increasing risk of high blood pressure.

A **period effect** is the impact of a historical event on the entire society. The Great Depression has

had a lifelong effect on those who lived through it, but its effect has varied depending on where individuals were in the life course. Another notable transformative event occurred in 1989 with the fall of the Berlin Wall separating communist East Berlin from democratic West Berlin. This event, which reunified Germany, affected the educational achievement, career advancement, and fertility of the former East Germans (Silverstein and Giarusso, 2011). At the individual level, this type of change is called “attitude conversion.” Have you experienced memorable events that created a period effect?

A **cohort effect** is the social change that occurs as one cohort replaces another. For example, when members of an older cohort who hold one set of attitudes die, they are replaced by younger people who hold different attitudes. The attitudes of the population as a whole will shift as a result of this cohort replacement. The millennials are more likely than the baby boomers to hold positive attitudes toward gay marriage (Pew Research Center, 2015a). Another cohort effect is the age of expected retirement. As Figure 2-1 shows, people born between 1965 and 1978, the cohort that came after the baby boomers, expect to retire much earlier than people born between 1923 and 1945. As you will see in Chapter 10, however, boomers are actually working longer.

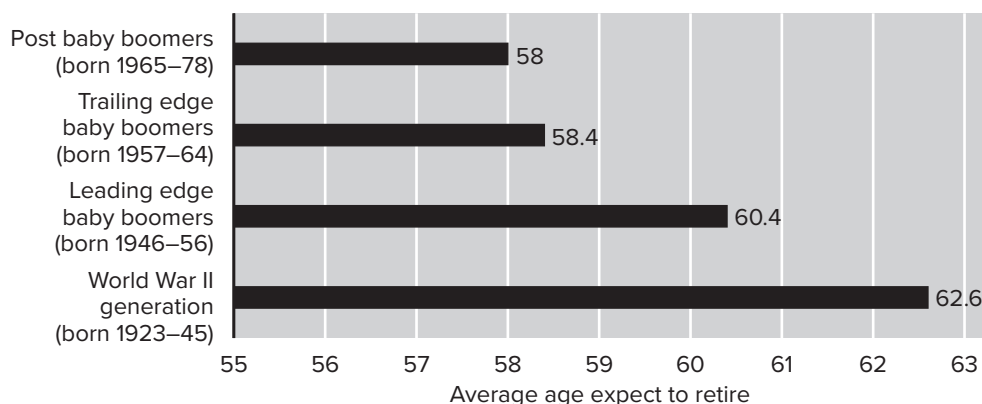
Although the concepts of age, period, and cohort effects sound simple, they can be quite difficult to measure. For example, older people are more likely to vote than younger people. Is this disparity in voting patterns caused by an age effect, meaning that people become better citizens as they grow old? Or is it caused by a cohort effect? The people who are currently old may always have voted in large numbers. We explain this problem in more detail below. Social gerontologists frequently use *cross-sectional research* to distinguish age, period, and cohort effects, but *longitudinal research* is a better approach.

## Cross-Sectional Research

Research comparing people of different age cohorts at a single point in time is called **cross-sectional research**. Researchers conducting a cross-sectional study ask the same information of people in several age groups. For example, in the study of attitudes toward gay marriage mentioned previously, researchers compared four cohorts and found clear cohort differences. Support for gay marriage was lowest among the silent generation (born between 1928 and 1945) at just 39 percent, compared to 45 percent of baby boomers, 59 percent of Generation Xers (1965 to 1980), and 70 percent of millennials (Pew Research Center, 2015a).

Figure 2-1

Cohort Difference in Expected Age at Retirement.



Source: Moen, Plassman, and Sweet (2001).

Differences between age groups that appear to be age effects also may result from period effects. History creates a period effect when change is relatively uniform across successive birth cohorts (G. Elder, 1994). The Great Depression, World War II, the assassination of President Kennedy, the civil rights movement, and the Vietnam War were grand events that distinguished the lives of those who lived through them from people born later.

In judging the importance of a historical event, it's also important to recognize that the impact of an event is likely to affect each age cohort differently. For example, African Americans who were elderly during the civil rights movement had little opportunity to benefit from expanded opportunities for jobs and education that flowed from passage of the Civil Rights Act of 1964. By contrast, those who were still young at that time were more likely to attend college and enter occupations that had previously been closed to them.

Although cross-sectional studies are not ideal for distinguishing age, period, and cohort effects, they are often the most feasible method for studying aging. They are less costly than longitudinal studies, and they allow researchers to draw conclusions about cohort effects that cannot be gained through the study of a single age group.

## Longitudinal Research

Some of the complex methodological issues involved in distinguishing between age effects, cohort effects, and period effects can be sorted out through **longitudinal research**. In contrast to cross-sectional studies that compare subjects from different cohorts, longitudinal studies follow the same group of people over time.

The longest longitudinal study, the Harvard Study of Adult Development, began in 1938 when Dr. Arlen Bock began a study of 268 Harvard sophomores. Dr. Bock's original intent was to determine what factors led to the best possible health as these men moved into adulthood. The study was supposed to last for 20 years, but various groups of researchers continued to follow these men through the 2000s—nearly 80 years! As these men, mostly from privileged backgrounds, grew old, the original goal expanded as researchers sought to determine

which early traits were best at predicting a successful life. One of the main findings was that education was the best predictor of good health and that alcoholism was a major cause of unhappiness, poor health, and divorce (Vaillant, 2012). The Health and Retirement Survey (HRS) is another more recent example of this research design. In this survey, 13,000 individuals born between 1931 and 1941 were first interviewed in 1991 and there have been follow-up interviews up to 2016. This survey provides rich information about the long-term effects of employment, marriage, childbearing, and a myriad of other factors in income, health, and happiness. For example, one study using HRS data asked how caring for elderly parents affects women's later risk of living in poverty. The researchers found that women who cared for their elderly parents were more likely to stop working for a period of time or leave the labor force entirely. As a result, they had a higher risk of being poor when they grew old (Wakabayashi and Donato, 2006).

Another longitudinal study is the National Social Life, Health and Aging Project (NSHAP). The goal of this study is to better understand the role that social support and personal relationships play in healthy aging.

- Nearly 3,000 people born between 1920 and 1947 were interviewed in the first wave.
- Spouses or cohabiting romantic partners were also interviewed.
- The interview topics covered included social networks, physical and mental health, health care utilization and medications, and history of sexual and intimate partnerships.

Among the unique features of this survey was the collection of detailed information on sexual relationships in older people. Research published from the survey included such topics as masturbation among older people (Das, 2007), marital conflict (Iveniuk et al., 2014), and sexual activity among men and women with high blood pressure (Spatz et al., 2013).

Longitudinal studies are better than cross-sectional studies for distinguishing age effects from cohort effects because they follow a particular group of people over time. They not only provide data about



differences between age cohorts; they also make it possible to make inferences about age change within each cohort. For example, many early studies using a cross-sectional approach suggested that people become more politically conservative as they age. Yet longitudinal studies disproved this hypothesis. Rather differences in political beliefs vary by cohort and do not change significantly over time (Ferraro, 2018). Longitudinal studies can also answer complex questions about the ways human lives unfold across the life course. One study repeatedly interviewed more than 300,000 people in Germany between 1984 and 2014. The researchers wanted to determine if inequality in feelings of well-being accumulated over time. In other words, are people who are born into poorer families likely to experience lower levels of life satisfaction as they age than people born into higher income families (Bruderl, Kratz and Gauer, 2019)? The researchers found:

- People coming from higher social origins had higher levels of well-being.
- The difference in happiness between poorer people and more affluent people increased with age.
- Unemployment had no effect on the life course differentials in well-being by socioeconomic group.

There are also disadvantages associated with longitudinal studies. By their very nature, they are costly because they follow subjects for years or even decades. They also have biases because subjects are lost over time as people drop out, move away, or die. Those who are left at the end of a longitudinal study may differ in some significant ways from those no longer a part of the sample. For example, numerous studies indicate that people of lower socioeconomic status have poorer health than more affluent people but that these health differences decline with advancing age. The problem is that people in the poorest health may die sooner, leaving a sturdier population of survivors (Ross and Wu, 1996).

## Qualitative Research

Many interesting studies of aging are based on qualitative research. One type of qualitative research is **participant observation**. In these studies researchers

observe people in a natural setting, keep copious notes on what they observe, and then organize their observations to help understand patterns of behavior, decision-making processes, and the social character of communities. One classic example of a participant observation study is Timothy Diamond's (1992) research on the factors affecting quality of care in nursing homes. Diamond enrolled in a vocational school, became certified as a nursing assistant, and went to work in several nursing homes. In vivid prose, he describes the difficulties nursing aides face on a daily basis. He also expresses sympathy for the residents, once successful teachers or business women or homemakers, who now find themselves treated as little children. Diamond's main theoretical claim is that the bureaucratic routines imposed on the nursing assistants that are often remote from human needs make good care impossible.

Another type of qualitative research consists of **open-ended interviews**. Joel Savishinsky's (2000) award-winning book, *Breaking the Watch*, is an excellent example of this approach. Savishinsky was interested in studying retirement, not as a single decision at one point in time, but as a process that for most people takes place over many years. He was especially concerned with allowing retirees to speak for themselves about their adjustment to this new life stage. To conduct his research, Savishinsky interviewed more than 50 older people from diverse backgrounds and representing a range of work, family, educational and socioeconomic backgrounds: a teacher, banker, secretary, mail carrier and farmer, among others. His first interviews were conducted several months before retirement. He then did two additional rounds of interviews, 6 to 12 months after retirement, and 18 to 24 months later. Through his interviews he was able to demonstrate that retirement is a complex emotional process rooted in personal experience, history, and community.

Now that we have described some basic concepts and methodological issues in the life course approach, let's examine research findings on the social, economic, and demographic factors that influence the *timing*, *duration*, and *sequencing* of life course transitions (Rossi, 1980).

## IDENTIFYING LIFE COURSE EVENTS

### The Timing of Life Course Events

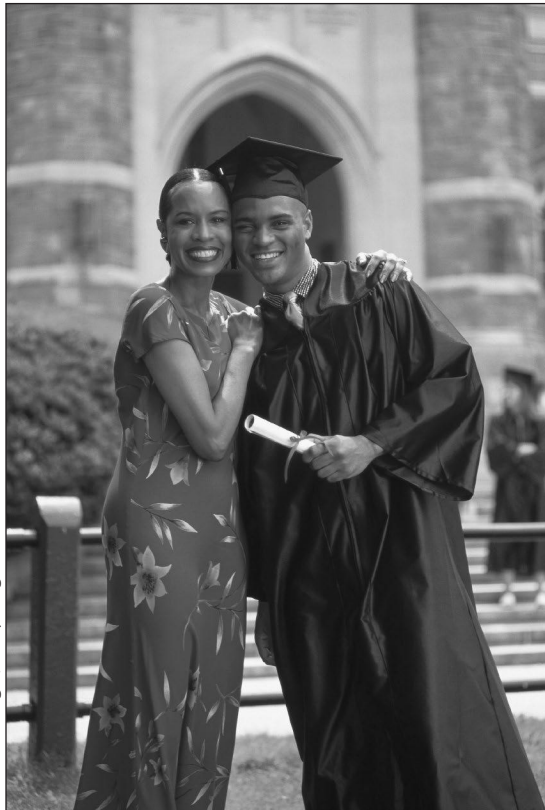
**Age norms** Timing refers to the idea that there are appropriate ages for making various life course transitions. In the 1960s, a team of researchers led by Bernice Neugarten asked a representative sample of middle-class men and women aged 40 to 70 to indicate the appropriate age for various life events and behaviors. They concluded that the life course was regulated by age norms, defined earlier in the chapter as informal rules that specify age-appropriate roles and behavior (Neugarten et al., 1965). The researchers argued that

age norms were deeply imbedded in the cultural fabric of adult life and formed a pervasive system that tells us when we are “on time” or “off time” for life events.

Commonplace remarks often reflect an implicit awareness of age norms: “She had her children late.” “He’s too old to be working so hard.” “She’s too young to wear makeup.” “He’s too old to be living at home with his parents.” Age norms define everything we mean when we say, “Act your age.” They act as prods or brakes on behavior, sometimes hastening an event, at other times delaying it. In combination, age norms form a prescriptive timetable, called a **social clock**, that orders major life events. The social clock not only influences when people marry, have children, and retire, it also may affect how they feel about entering a new life phase. For example, when grandchildren arrive “too early,” women lack preparation for the role, have little peer support, and often reject the idea of becoming a grandmother (Fobes and McCullen, 2016).

Are people really aware that their social clocks are ticking? Neugarten and her colleagues discovered that they were. In their research, conducted in the early 1960s, they asked people about the proper timing for one group of events related to the family life course and for a second set related to the occupational life course. They found that their subjects could identify clear expectations about the timing of events that initiated the transition to adulthood—finishing school, marrying, and, for males, beginning work. Neugarten and her associates concluded that men and women recognized that a social clock was ticking and were aware of whether they were on time or off time for major life events.

Many of Neugarten’s measures now seem biased in ways that no longer reflect societal norms. This is especially true in regard to gender issues. Neugarten’s research was based on the implicit assumption that men were the breadwinners and women the family caregivers. Middle-aged men were seen to be in the prime of life, and middle age was seen to be the time when men accomplished the most, held their top jobs, and assumed the greatest responsibility. The accomplishments of women came earlier in the course of raising their families. With more than



Comstock Images/Getty Images

*Most college students are in their late teens and early 20s but some people return to school when they are much older.*