Susan M. Hillier
Georgia M. Barrow

Aging, the Individual, and Society

Tenth Edition

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Susan M. Hillier
Sonoma State University
Professor of Psychology

Georgia M. Barrow

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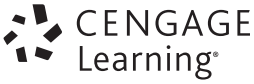

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Susan M. Hillier and Georgia M. Barrow

Product Manager: Seth Dobrin

Content Developer: Jean Smith

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Product Assistant: Nicole Bator

Media Developer: John Chell

Marketing Manager: Kara Kindstrom

Art and Cover Direction: Carolyn Deacy, MPS Limited

Production Management, and Composition: Naman Mahisauria, MPS Limited

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Photo Researcher: PMG/Sundar Ananthapadmanabhan

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To my grandsons, Benjamin and Noah

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PREFACE

The face of aging has substantially changed in the past half century, and that change has been almost exponential in the past five to ten years. The "face of aging" refers not only to individual physical and mental changes over time but also to social, political, and cultural influences on a population.

War and global upheaval such as World Wars II and the worldwide depression of the 1930s were major influencing events for our oldest-old. These people were children or young adults looking ahead to educational and professional careers, striking out on their own and beginning their own families, when the economic crash occurred. World War II shifted life plans for that age cohort as careers and educational plans were disrupted for service to the country. The Korean and Vietnam wars loom as cultural shapers for boomers, and the bombing of the Twin Towers on 9/11 has shaped political perspective and attitudes for most everyone alive today. Even among those not yet born in 2001, the world they inherit has been impacted by events beyond the control of their families or themselves. This includes the worldwide economic crash in 2008, which in turn has influenced life course development as much as does one's genetic makeup.

In the past half decade, the leading edge of the baby boomer generation has become eligible for Medicare and Social Security. The parents and grandparents of boomers are dying, most having lived much longer lives than did their parents and grandparents. Medical and social needs experienced by their aging children, the boomers, has pushed innovation in medicine, health care delivery, social programming, education, and family structure.

Gerontology is the integration of these approaches and questions with a focus on outcome to adults of all ages. Gerontology is interdisciplinary, addressing the complete person and his/her family history; social history; genetic history; and the political moment. It also includes spiritual issues such as making meaning from life accomplishments and experiences, one's relationship to things larger than oneself, and gaining understandings of grief, dying, and death. No field of study more completely integrates the mature person over the life course than does gerontology.

This edition integrates social and cultural perspectives with the story of the individual aging process. It acknowledges global cultural influence: National boundaries are far more permeable now than in the past. Those technological advances and economic changes that have extended our healthy, vigorous lives also connect us globally. We share a global interest in health care and formal and informal policies impacting economic, educational, and political perspectives.

Learning can never come from a textbook: Words do not generate knowledge;

they generate information. This text seeks to help students understand issues and concepts, and to encourage multiple ways of learning and understanding the material. Each chapter ends with questions for discussion, experiential learning, and exercises for using the Internet as a learning tool. Each set of activities is integrated topically, theoretically, and pedagogically, requiring a personal interaction of students with the material. Included in each chapter is a list of learning outcomes to be used as a chapter guide.

Features

- Key Concepts: These help students and faculty maintain focus on the main points of each chapter. They can be used as a framework for teaching and learning key topical ideas.
- Chapter Summary: Use as an organizational tool for students to review. Each summary is linked to the chapter's key concepts, thereby reinforcing the learning framework.
- Fieldwork Suggestions: These are experiential learning suggestions to guide teaching and learning.
- Discussion Questions: Use the questions either as group discussions or as assignments for written work. The questions combine needs to think critically about theory as well as practice.
- Internet Activities: These suggestions for exploration on the Internet challenge students' understanding of the power of the Internet as a tool for learning. They emphasize analysis of the complexity and reliability of Internet material.
- Learning Objectives: The objectives itemize the intent of the chapter for teaching and learning purposes and can become a self-learning guide for students.

New to This Edition

- Chapter-by-chapter key concepts and learning objectives

  Each chapter is written with specific learning objectives in mind, and those objectives are named. For example, Chapter 1 lists 15 objectives, or learning outcomes. Chapter content is shaped by named key concepts that are related to the learning objectives. In so doing, learners can understand more specifically the purpose of chapter content. With Chapter 1 as our example, at its completion, students should be able to define gerontology; predict demographic changes as generations grow older; have a greater understanding of different aging patterns in developed and underdeveloped countries, among other objectives.

  Much like building blocks, these concepts build chapter by chapter throughout the text. By completion of the book, students have been systematically exposed to the major multidisciplinary factors of aging in the United States.

- Greater integration of global issues

  The well-being of American citizens is inextricably linked to the well-being of people around the world. This integration includes health, monetary and political policies and processes, and issues like natural disasters such as flooding and unnatural disasters such as the tsunami-ravaged Fukushima nuclear power plant in Japan.

  It is beyond the scope of this text to elaborate extensively on global issues; however, cross-national topics are integrated in the text and specifically addressed in assignments and discussion questions. For example, Chapter 1 anticipates that students will be able to explain aging patterns in countries with cultural and economic patterns different than ours; Chapter 10 compares cross-cultural/cross-national patterns in housing preferences and living

arrangements for older adults; and Chapter 14 explores the universal emotion of grief and honors multicultural grieving and burial processes.

- Reorganization of subject matter for a more effective sequence of learning material
- Stronger links to policy, public will, and policy implementation

  Throughout, the text addresses the role of public policy and implementation in the aging process. Chapter 4, for example, explores physical and mental health from the perspective of community support as well as biological and personality factors. The role of government support for later-life research (Chapter 2); issues related to aging prison populations, elder abuse, and medical fraud (Chapter 12); and sections in Chapters 9 ("Finances and Lifestyles") and 11 ("The Oldest-Old and Caregiving") are examples of a stronger integration of public policy, policy implementation, and the public will. The discussions of Social Security, Medicare, and Medicaid in Chapter 9 provide support for classroom discussion of health care reform and the Affordable Care Act signed into law by President Obama in 2010 and upheld by the Supreme Court in 2012. Chapter 15 ("Politics, Policies, and Programs") guides students to a jumping-off point for exploring cutting-edge policies relevant in whatever state or nation they choose.
- Integrated, extensive bibliography incorporating professional literature as well as popular literature and Internet sources

Supplements

Instructor's Companion Website

The book-specific website offers students a variety of useful resources such as an instructor's manual, test banks, and presentation slides that are available for download. Go to login cengage.com to create an account and log in.

Instructor's Manual with Test Bank

Streamline and maximize the effectiveness of your course preparation using such resources as chapter summaries, chapter outlines, key terms, video resources, and in-class activities. This timesaving resource also includes a Test Bank that offers 15 to 20 multiple-choice questions, 10 to 15 true/false questions, and 3 to 5 essay questions for each chapter.

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PowerPoint Presentation Slides

These vibrant, Microsoft PowerPoint lecture slides for each chapter assist you with your lecture, by providing concept coverage using images, figures, and tables directly from the textbook.

Acknowledgments

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Aging in America

An Interdisciplinary Topic

Person–Environment and Social Issues Perspectives

No Golden Age of Aging

Personal and Social Definitions of Age

Historical Perspectives on Aging

Ageism

The Aging Revolution: Demographics of Aging

Global Aging

Our Aging Nation

Our Aging World

Ageism in the Future

AP Images/Gerald Herbert

Who is growing old? We all are! In many people's minds, however, growing old is something that happens only to others and only to individuals older than themselves. If you have not yet reached your 50s, can you imagine yourself to be 65, 75, or 90? With reasonable care and a bit of good luck, you will live 75 or more. With advances in medical science and technology, and an increased awareness of taking care of our bodies, we all can anticipate long lives.

But what will be the quality of our lives? As we advance through life, aging may bring either despair or enhanced vitality and meaning. Indeed, in the 21st century, many social and medical issues of aging focus more on postponing senescence (age-related loss of function) and on ensuring a good quality of life than on ensuring old age itself. For example, for the past 30 years, research on the health risks of environmental factors like cigarette smoking or air and water quality; on genetics and genetic engineering; and on biochemical and pharmaceutical factors in health have all combined to increase our longevity. Concern with living well in our old age is now at least as great an issue for many people as concern with living a long life.

An Interdisciplinary Topic

The study of aging is exciting and complex and can be examined from many perspectives. It can be viewed through emotional, physiological, social, cognitive, or philosophical lenses. These are the "core" areas, along with areas like public policy and economics. **Gerontology** is the study of the human aging process from maturity to old age, as well as the study of the older adult as a special population. **Geriatrics,** on the other hand, is the study of health and disease in later life. Geriatrics is concerned with the comprehensive health care of older people, plus the well-being of their caregivers. Overlap is clearly present: Gerontology adds a dimension to the broad understanding of what it means to physically grow older. Its concern is how we develop personally, socially, and globally. This understanding, in turn, allows us to plan for our own well-being in later life, and to consider issues of quality of later life on a social level.

Gerontology as a scholarly field has changed markedly since its fledgling beginnings in the 1950s. One of the earlier gerontologists, John Rowe, described a "new gerontology" in which the focus "goes beyond the prior preoccupation with age-related diseases . . . to include a focus on senescence . . . and physiological changes that occur with advancing age and that influence functional status as well as the development of disease" (Rowe, 1997, p. 367). To his concept of new gerontology, we might add a focus on the social issues that are inherent in any society undergoing social, interpersonal, and economic change as rapidly as the United States and other industrialized countries are doing now, in part because of their changing demographics.

The term *aging* is wildly nonspecific: Wine ages, babies age, galaxies age, we each are aging right now regardless of our chronological ages. Clearly that does not imply a common biological process. **Aging** in the context of this text refers to progressive changes during adult years, but these changes are not necessarily negative nor do they necessarily reduce an individual's viability. For example, gray hair is a result of aging, but does not impair a person's functioning. Because of negative stereotyping, however, gray hair might have negative *social* meaning in some cultures.

Mutations that may accumulate over time in certain genes in cells in the reproductive system, on the other hand, describe age-related loss of function, which is referred to as **senescence.** Gerontologists define aging in terms of (1) **chronological aging,** or number of years since birth; (2) **biological aging,** or the changes reducing efficiency of organ systems; (3) **psychological aging,** including memory,

learning, adaptive capacity, personality, and mental functioning; and (4) **social aging,** referring to social roles, relationships, and the overall social context in which we grow old (Scheibe, Freund, & Baltes, 2007).

Old age isn't so bad when you consider the alternative.

Maurice Chevalier, *New York Times,* October 9, 1960

Perhaps the most basic discipline in the study of aging is biology. Without the biological aging process, we could all theoretically live forever, but the causes of biological aging are still not clearly understood.

A study of biological aging includes all kinds of animals as well as detailed analyses of the human body. The effects of diet and exercise (lifestyle effects) on longevity are an important focus of study, and the cutting-edge field of genetics has dramatically changed our understanding of the complexity of the human organism. We can impact our biological health through attention to lifestyle; however, we can do nothing—at this point—about our genetic background. Recent research indicates, however, that genes determine about one-quarter of our longevity (Rattan & Singh, 2009). That leaves three-quarters of how long we will live up to factors such as lifestyle and social environment—factors that can be addressed by individuals and by society. We are more in control of what will be our well-being in later life than we can imagine.

A second component of gerontology, the *sociological perspective,* examines the *structure of society*—its norms and values and their influence on how a person perceives and reacts to the aging process. Rather than focusing on individual experience, however, sociology focuses on *groups of individuals* and the cultural context in which they age.

The impact of context is huge: A society that gives the aging person high status can expect a more positive outcome for its aging population, whereas a society that accords the aged a low or marginal status can expect more negative outcome. Within the sociological circle are anthropologists, who, in documenting the aging process around the world, find that cultures offer elders enormously varied roles. Also in the circle are political scientists, social policy experts, and historians. Demographic and population experts provide information on the numbers and distribution of older people in societies and countries around the world and provide projections of population trends for consideration by politicians and generators of public policy.

A third lens from which aging is viewed is that of *psychology*. In contrast with a sociological perspective, the psychological locus of inquiry is on the individual. Psychologists are interested in the aging mind—how perception, motor skills, memory, emotions, and other mental capacities change over time. The psychological constructs of motivation, adaptability, self-concept, self-efficacy, and morale all have an important impact on how we age. Psychologists bring a perspective to solving social problems that considers individuals in terms of their life span, or particular places in the life span rather than one point in time. They view individuals as being dynamic and interactive, existing in multiple webs of relationship, history, and culture. Psychologists focus on identifying the connections between internal (psychological) and external (social) aspects of an individual's life.

Studies of older people cannot be complete without including an understanding of *philosophy, spirituality,* and *ethics*. Virtually all theories of human development suggest that the psychological task of later life is to gain greater understanding of the life we have lived and of our own approaching death. We seem to gain greater clarity of the meaning of our lives by

asking the very questions that have been asked throughout the history of humankind: What was this life all about? What is the relationship of the people I am connected with to the meaning of my life? What is my understanding of death—my own as well as the deaths of others? What is my legacy?

In a related vein, *ethical issues* are central in the care of older adults as well as in life decisions elders make themselves. Families are the major care providers for frail elders in the United States, and they deal with issues of competence and decision making; as well, autonomy and family relationships are central to families and therefore to the larger society of which they are part (Vitaliano, Young, & Zhang, 2004). Developing an understanding of ethics and values requires that psychologists and health care practitioners be culturally competent (Wang, 2007). *Cultural competence* refers to the ability to honor and respect styles, attitudes, behaviors, and beliefs of individuals, families, and staff that receive and provide services (Yali & Revenson, 2004). Culturally competent practitioners are thus able to support and reinforce older adults in achieving their own culturally appropriate sense of self-efficacy, that is, to help elders develop personal mastery in a shifting internal and external environment (Bullock-Yowell et al., 2011).

Gerontologists, then, are multidisciplinary. They examine aging from a chronological perspective (age on the basis of years from birth); they study biological and psychological

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Multi-generational gatherings of friends and family are central to the transmission and validation of family and cultural values.

processes and individual meanings of aging; and they look at the social meaning of aging including changing roles and relationships brought about by moving through the course of life. Additionally, they study the meaning of aging from a contextual perspective: family, community, and national/geopolitical processes and events.

Gerontologists apply their specialty and are practitioners in many fields—medicine, dentistry, occupational therapy, economics, social work, mental health, sociology, religion, education, recreation, and many other fields having to do with the health and well-being of individuals and society. The field of *geriatrics,* a term sometimes confused with *gerontology,* focuses on preventing and managing later life illness and disease. Geriatrics is less multidimensional than gerontology, looking specifically at biological and physiological health issues. Geriatrics is a medical model perspective; gerontology is a biopsychosocial model.

Geriatricians are physicians who have specialized in internal medicine and family medicine for the physiological health of care of older adults. Geriatrics differs from gerontology in that the former is a medical specialty, and the latter, a study of the aging process from individual, cultural, and social perspectives.

Person–Environment and Social Issues Perspectives

In this text, both social issues and psychological perspectives and strategies are presented as factors in understanding aging. Social situations that are problematic or undesirable for a large proportion of older adults, as well as those situations and solutions that function to promote well-being in later life, will be examined. Chapter by chapter, the text addresses social issues affecting the lives of older people—issues of status, roles, income, transportation, health, housing, physical and mental health, work, leisure, and sexuality and relationships. We discuss the strengths and contributions that elders bring to their families and communities, and we discuss the perspectives that address widespread patterns of behavior affecting quality of life indicators. The causes and solutions of social problems do not remain at the individual, or micro level, but must ultimately be found at a greater level—they require macro-level response. Generalized problems associated with aging and with a society that is aging lie with large numbers of people; the causes and solutions impact everyone, not just an age-identified segment of the population.

The Person–Environment Approach

A person–environment approach views the environment as a continually changing context to which individuals adapt as they also adapt to the personal, psychological, and physical changes inherent in the aging process. From this perspective, as aging people adjust to life's changes, this adaptation impacts the environment, which—cycle-like—further changes the individuals as well as the social context (Hoyer & Roodin, 2009).

The extent to which individuals are able to adapt to the changing environment or adjust the environment to their changing physical and social needs (home safety, food preparation, other assistance) is a reflection of adaptation to the aging process.

This reciprocity of change—person to environment, environment to person—is known as the person–environment model. The context changes so individuals must change; individuals change, thereby impacting their context, and so the environment changes.

Environmental Press

Eventually, an individual's ability to adapt or change will become exhausted. Let's use an example. An 84-year-old woman becomes

quite frail following a hip replacement, a lingering cough, and increasingly arthritic knees. She has become more cautious when she walks (internal change), and she placed appropriate handrails and lighting throughout the house (external change). As time goes on, her frailties increase and the internal and external adaptations available to her are no longer sufficient for her to continue to live alone with safety. To maximize her quality of life, the press of the environment (cooking, navigating stairs, cleaning and doing laundry, caring for her rose garden) must be aided by external resources.

The solution to this woman's situation requires a macro-level response. When the environmental press becomes too great for an individual to manage alone, family, neighbors, community, and local and state resources are mobilized. Thus, the causes and solutions to social problems relevant to aging might be at an individual, a group, a societal, or even a global level.

No Golden Age of Aging

Nature has always been harsh with old age. Among humans, however, the way in which aging people are treated is closely tied to the culture of their society. Early in the study of aging, sociologist Leo Simmons pointed out that, in all cultures, it takes both values and environmental context to provide for all age segments of a society. According to his analysis, the culture must state that aging is a positive achievement, and must value the aged *as individuals* for the aged to have status and value (Simmons, 1945, 1960).

When old age is viewed historically and cross-culturally, we get a mixed picture of the position and status of elders throughout history. In ancient times, most people died before the age of 35. Our general understanding is that those few survivors into their 40s were treated with respect and awe, honored ceremonially and socially as keepers of the memories.

The belief that elders were once held in high status in American society has a couple of different etiologies. First, the honoring was believed to be an inherent family value of older people and ancestors. Second, because so few people lived into later life, old age became seen as exclusive. Status was bestowed by virtue of being part of this exclusive circle. A shared religious perspective held that reaching this exclusive age was a sign of God's blessing, and therefore old people were to be valued because God valued them.

A third theory of elder status suggests that because the aged were perceived to be closer to death, they served as mediators between this world and the next. This valued role lent prestige to age by means of providing a respected function to the larger community, assuming the elder's mental faculties were intact (Hooyman & Kiyak, 2008).

Forty is the old age of youth; fifty the youth of old age.

Victor Hugo

Not all ancient cultures equally honored old age. The difference was huge between surviving into later years with good physical and mental health, and surviving with frailty. In a subsistence culture, people outliving their usefulness were a burden, so treatment of the frail could range anywhere from being ignored to being treated cruelly or even killed, to being honored as more godlike because they were such exceptions (Cruikshank, 2013).

Between the 6th and 5th centuries B.C. in Greek and Roman cultures, the perspective that old age was a distasteful time of decline and decrepitude gradually emerged . Previously, records indicate old age to have been associated with wisdom, but even then this positive association seems to have been tied to material wealth and social status. We know next

to nothing about the status of old people who were not part of the power elite—that is to say, who were peasants rather than landed gentry—prior to the 5th century B.C.

A gradual shift to a denigration of old age seems to have emerged concurrently with the belief in social equality, in which the status of no one was supposed to be elevated merely because of birthright (Hoyer & Roodin, 2009). During the classical period, beauty and strength were idealized in art and in myth, and old age was considered to be a time defiled by physical incompetence and mental ineptitude. Old age for classicists was ugly.

We also know very little about the treatment of elders in medieval Europe. As urbanization created population centers, life expectancy in medieval Europe dramatically dropped: It became shorter than it was in Greek and Roman times. Nutrition, sanitation, and crowded living conditions, coupled with a lack of social organization appropriate to urban living, resulted in an era of tremendous social disruption. Norms and values from previous generations were no longer applicable; new norms had not yet emerged. Art from the medieval and Renaissance eras showed age as cruel or weak, as surely it must have been given the environmental context (Hooyman & Kiyak, 2008).

With modernization, the cultural status of elders has declined in many cultures of the world (Vanderbeck, 2007). This decline is seen as a 21st-century phenomenon attributed to advances in technology, communication, science and medicine, and global economic forces (Cruikshank, 2013).

Personal and Social Definitions of Age

Social status among Americans is related in no small extent to education, wealth, and health—and most older people are better off in all of these categories today than they were in previous generations (NCOA, 2013). With the exception of a dramatic increase in obesity among older adults, lifestyle changes including nutrition and exercise have helped add health and vigor to the longevity experienced over the past 30 years. This trend suggests that the United States might be presently undergoing a shift in cultural values toward greater status for older people.

To understand cultural trends as quality-of-life indicators, it is important to note that several age cohorts exist within the elder population. When the term *older people* is used, it could refer to people in their 50s or in their 90s, or it might refer to all those 85 years and older. Specificity is important. For example, 40 percent of people in the over-65 age category—the bureaucratic definition of old age in our country—rate their health to be very good or excellent (NCOA, 2013). This is compared to 65 percent for people aged 18 to 64. Thirty-seven percent of older people in 2010 reported some type of disability (hearing, vision, cognition, ambulation, self-care) (NCOA, 2013), and an additional 37 percent reported a severe disability, with 16 percent saying they needed assistance. On close examination of the data, we see the likelihood of having a disability or physical limitation increases with age.

From a health and vigor perspective, there is enormous difference between a cohort of 65-year-olds and a cohort of 85-year-olds, although members of both age groups are "older Americans." When gender and ethnicity are specified in the health data, we get yet another, more complete picture of the face and experience of aging.

The age of a person during a historical event of major proportion, such as the civil rights movement beginning in the late 1950s, profoundly influences the social and personal meaning of the event. This is what is meant by **historical cohort.** Normative history-graded factors including wars, economic recessions, and

disease patterns such as AIDs and polio have a shaping effect on the opportunities, challenges, and developmental trajectory an entire population shares. The impact on personality and other developmental issues of these events is age dependent. The meaning of a Freedom Ride during the civil rights era of the 1960s would be vastly different through a 60-year-old's eyes than a 6-year-old's perception of the event.

The personal, educational, and career choices available to a 20-year-old black woman in 1960 as she grew into adulthood would greatly impact her social and personal status as a 70-year-old in 2010. If, however, she was a 10-year-old girl in 1960, she will come into old age with a markedly different social experience. Cultural variations in the form of changing values and norms come about through historical events ranging from epidemics and wars to scientific breakthroughs and social change.

The magnitude of historical events to the development of a particular cohort cannot be overestimated. Consider the impact of terrorist attacks on the United States on September 11, 2001—now part of American lexicon as 9/11. Children who were 5 at the time will grow into adulthood with the experience of their country under attack by amorphous "others"—terrorists. As they attempted to manage and decipher the event, they saw frightened and ill-equipped adults who themselves had few skills to cope with the magnitude of the event. Depending on demographic factors such as proximity to the disaster, family religiosity, parental education, stability, and so on, the event took on different meanings and a different magnitude for those children. All of them, however, experienced this historical event through the eyes of a 5-year-old.

People in their adolescence during 9/11 had a very different perspective on the event than their 6-year-old siblings. An adolescent's cognitive abilities to draw conclusions and make moral judgments and decisions are only a partial

Jean-Michel TURPIN/Gamma-Rapho/Getty Images

The meaning of tragic experience depends on one's age, gender, socioeconomic status, and professional position.

aspect of their perspective. Unlike a 5-year-old, an adolescent's understanding of personal safety extends beyond the protection provided by parents and family; the worldview becomes shifted. *Terrorism,* formerly a word with little personal meaning, suddenly became a high-focus concept.

The impact of the event on the lives of young adults—some of whose college education may have been supported by their participation in the National Guard—was different again from the younger cohorts. Apart from those whose lives were directly impacted by the bombings, the event radically modified the course of life as the national economy shifted focus, job opportunities changed, and society absorbed the possibility of global warfare.

The age of individuals at the time of a historical event shapes the meaning people give to events of great magnitude. By the time they are 65, those who were 5 at the time of the disaster will essentially have lived with its outcomes for their entire lives. For those who were 65 at the time of the disaster, the event becomes included in a lifetime of other events—its meaning is modified by other life experiences. The global economic recession of 2008 will likewise impact the lives of all people—not only those in the United States but also those in all countries, whether developed nations, developing nations, or nations whose economies are in transition.

Historical Perspectives on Aging

Historically, the status of older people was related to property ownership, which resulted in the control of political resources. Control of property by one generation created opportunity for a balanced exchange between generations: Elders were cared for in their later years in exchange for the inheritance of property by their children. Clearly, this worked for property owners, but the ethic of providing care for infirm elders in exchange for some level of inheritance was the cultural norm. With the onset of industrialization, farming and the control of property became less central to a family's well-being, as economic resources became more available to people independent of their age. As the economic center shifted from the family to the corporation, the status of older people also declined.

This cultural shift in the status of elders is known as *modernization theory* (Cohen, 2011; Cowgill & Holmes 1972; Rhoads, 1984), and it suggests that the industrial revolution was the linchpin to the decline in status of older people. The vigor and energy of young adults kept the industrial sector moving. Youthfulness was the embodiment of the nation's progress toward increased wealth and prosperity, and became the national icon in the 1970s, when modernization theory was emerging. At that time, when physical energy and strength began to ebb, older workers were less able to contribute to the industrial economy, and they ultimately either died on the job or were retired from work when they could no longer do their share. No substitute social role emerged for those not in the industrial workforce. The status of women was also very low; however, a substitute social role of wife and homemaker provided women access to social status, depending on the incomes of their husbands and thereby the size and beauty of their homes and the quality of the lifestyles of their families.

Equality and individualism as values, coupled with crowded and costly urban living, correspondingly shifted the role of older people from participant in a reciprocal system of the exchange of resources to one of dependence on a younger generation. The growing emphasis on impersonality (equality) and efficiency (through individual effort) further contributed to the status shift of older people.

In their classic articulation of modernization theory, Cowgill and Holmes (1974) identified the characteristics of modernization that contribute to lower status for elders as:

- Health technology—reduced infant mortality and prolonged adult life
- Scientific technology—creating jobs that do not depend on skills and knowledge accumulated over decades of experience
- Education—targeted toward the young

These three cultural characteristics continue to shape social values today. The aged are not perceived to be as great a "problem" today with the advent of pension reform and the introduction of Social Security. Additionally, older Americans today are better educated than were their peers of the 1970s. The percentage of older adults with high school educations rose from 28 percent to nearly 80 percent in 2010. Special needs, however, continue to make elders an identifiable group. Elders today live longer than did the previous generation. They have lived through—and sometimes been surpassed by—major technological changes. Their educations, appropriate to the 20th century, reflect a more traditional and classical approach than one focusing on job skills and the abstractions of a society focused on information technology. In the 21st century, public allocations for pensions, health care, and the overall well-being of older adults have been influenced by institutions and programs created in very different historical periods with different retirement ages, age profiles, and consumer consumption patterns (Cohen, 2011).

From a perspective of *social issues,* old age itself has not been seen as an issue. Until 1900 or so, only the illnesses related to old age (not the actual *being* old) were defined as problems. In the 17th and 18th centuries, the issues relevant to old age were understood to be the responsibility of families. At a family level, grandparents were respected—in part because there were so few older people in society, and in part because the senior generation often held title to the land. Among the Puritans in early Judeo-Christian America, long life was associated with God's favor. It was believed that God blessed those few who lived truly pure lives with long life. The primary basis of the respect and power granted older people in the 17th century, however, was their control of property. For a nation whose economy was based on the abundance of agriculture produced in family farm organizational structures, the control of land provided senior family members an especially powerful position.

With the industrialization of the late 1800s, problems associated with growing old became reconceptualized, not just on a physical level but on social, economic, and psychological levels as well. Social change occurred at breathtaking speed, and the relative status of youth became elevated. Additionally in the 1800s, birthrates began to drop; this resulted in an increase in the median age and the evolution of an identifiable category of "older" people as birthrates dropped and longevity increased over the next 75 years.

By the 1930s and 1940s, this new conceptualization of youth and the aged by society and by individuals themselves had created an identifiable group with physical and social "problems" that called for collective action. For example, the right to a decent income at retirement became an issue. Applying the phrases of sociologist C. Wright Mills, a family's "private troubles" had become "public issues" (Mills, 1959). Responsibility for aging individuals became seen as belonging to society as well as to family. Older people received more public attention, but in the process, they began to be viewed as helpless and dependent. These negative images were universally applied for many years, in spite of improvements in the health of those relatively young-old

Fuse/Getty Images

It is now common for adult children and their parents to share pleasurable strenuous recreational activities.

(aged 65 to 74), and in spite of the countless people aged 75 and over who remained active and involved in society.

Ageism

A social problem is a widespread negative social condition that people both create and solve. **Ageism** is such a problem, defined as "the prejudiced behavior of individuals and systems within the culture against older adults, including the negative consequences of inaccurate stereotyping of the elderly" (Hoyer & Roodin, 2009).

Ageism has been called the third "ism," following racism and sexism. Whereas racism and sexism prevent racial minorities and women—and in what is called "reverse sexism," men—from developing full potential as people, ageism limits the potential development of individuals on the basis of age. Ageism can oppress any age group, young or old. If you are young, you may have been told that you are too inexperienced, too immature, too untested. If you are an older adult, you may have been told you are out-of-date, old-fashioned, behind the times, or of no value or importance. At both ends of the scale, young and old, you may be the victim of ageism. Although ageism may affect the young as well as the old, our concern here is with the senior members of society. Robert Butler, noted gerontologist, observed that ". . . the tragedy of old age is not that each of us must grow old

and die, but that the process of doing so has been made unnecessarily and at times excruciatingly painful, humiliating, debilitating, and isolating" (Butler, 1975, pp. 2–3).

Ageism is a complex phenomenon affected by technology, industrialization, changing family patterns, increased mobility, demographic changes, increased life expectancy, and generational differences. Discrimination leveled by one group against another, ageism is not an inequality to be associated with biological processes alone. It is created and institutionalized by many forces—historical, social, cultural, and psychological.

Our Western cultural heritage decrees that work and financial success establish individual worth. Industrialization has reinforced the high value of productivity and added further problems for aging workers. The speed of industrial, technological, and social change tends to make skills and knowledge rapidly obsolete. Most people struggle to keep abreast of new discoveries or skills in their fields. The media have used the term **Detroit syndrome** to describe older people in terms of the obsolescence that exists for cars. When younger, stronger, faster workers with newly acquired knowledge are available, employers tend to replace, rather than retrain, older workers. Within the workforce, older workers have often been considered a surplus population. As such, they suffer the potential for being managed much like surplus commodities: devalued and discounted.

Social change can create a generation gap that contributes to ageism. Rapid social change can cause our values to be different than our parents' and significantly different from those of our grandparents. Those who grew up in a given time period often have interpretations of and orientations toward social issues that differ from those who grew up earlier or later. For example, a person who matured in the 1940s and experienced the patriotism of World War II may be unable to understand the behavior and attitudes of those who matured in the 1970s and protested the wars in Vietnam or the Persian Gulf.

People maturing in the 1990s may not understand the historical rationale for the United States intervening in small countries like Panama or El Salvador. These people, many of whom have postponed marriage and childbearing, may be unable to grasp the reasons for early marriage and large families that now-elderly generations hold. The study of intergenerational relations, which provides insights into similarities and differences in values across generations, reveals that communicating and understanding across generations are difficult when values are different.

Ageism appears in the many euphemisms for old age and in the desire to hide one's age. Many older adults themselves do not want to use the term *old,* as the names of their local clubs show: Fun After 50, Golden Age, 55 Plus, and Senior Citizens Club. Some people even forgo their "senior discounts" because they do not want to make their age public.

Fear of aging is illustrated by men and women wanting to keep their age a secret, hoping that their appearance denies their age and that they project a youthful image. Indeed, a common compliment given to a mature person is that they "do not look their age." Many people suffer a crisis of sorts upon reaching age 30, and repeat it to some extent when entering each new decade. Some even experience an identity crisis as early as their late 20s, because they are entering an age that the youth culture considers "old." Many counselors recognize the "over-39" syndrome as a time when young adults come to terms with the fact that youth does not last forever but blends gradually with the responsibilities of maturity.

Greeting card counters are filled with birthday cards that joke about adding another year. Despite their humor, they draw attention to the fear of aging that birthdays bring. Some birthday

cards express the sentiment that to be older is to be better, but then add a note that says, in effect, that no one would want to be better at the price of aging. Though birthday cards often joke about physical, sexual, or mental decline, the fear in the minds of many is no joke at all. Fear of aging can damage psychological well-being and lead us to shun older people. Ageism is a destructive force for both society and individuals.

Ageism as a concept in literature has been described in a general sense, but it has also been measured in more specific ways. Early in the study of gerontology, Alex Comfort (1976) used the term *sociogenic* to imply ageism in a broad sense. He described two kinds of aging: *physical,* which is a natural biological process, and *sociogenic,* which has no physical basis. **Sociogenic aging** is imposed on elders by the folklore, prejudices, and stereotypes about age that prevail in our society. Thus, age prejudice, as it exists in our minds, is institutionalized in many sectors of our society.

We can find more specific evidence of ageism in our laws, particularly those dealing with employment, financial matters, and legal definitions relating to mental competency. Income differences, occupation differences, and education differences vary by age. One aspect of ageism is age inequality in education and occupation, caused by the reality that newer generations receive an education attuned to a highly technical and computerized society and are therefore better qualified for jobs. Elders are easily left behind on the information highway as the high-tech knowledge of younger age groups rises. Income inequality based on age is caused not only by younger age groups having more extensive formal or technical education, but also by age discrimination in employment. Gerontologists believe that ageism in employment dates back to the early 1800s. This age prejudice will be covered in more detail when work and leisure are explored.

The *critical perspective* in gerontology draws attention to inequities in U.S. society, addressing broad and fundamental structures of the society such as the class system, economic system, race and gender issues, and age-related roles and opportunities. It is an approach that addresses **cumulative disadvantage—**the negative effects of inequality in wealth, status, and opportunity over the life span. Gerontologists have made use of the critical perspective to understand the problems of aging in a broad political, social, and economic context (Dannefer, 2003; Sokolovsky, 1997; Yali & Revinson, 2004).

As the country ages, however, it has become evident that Social Security benefits and other retirement income allow seniors to care for grandchildren. Proper health care for older adults in the form of Medicare and Medicaid affects families and communities as well as individuals (Cohen, 2011). So despite the social and personal issues arising from ageism, we must be careful not to view older people as more dependent and helpless than they are. That perspective is a negative stereotype, and is not productive to the mission of understanding social issues and problems salient to the aging population in the United States. We need to understand both the strengths and the vulnerabilities of older people in our present society, and identify and give support for institutions and social structures that support strength and self-reliance.

Ageism Yesterday: The Early American Example

A look at older people in earlier times, when age relationships were different, provides us with a clearer view of ageism now and in the future. Generalizing about ageism in the past is not easy. Some historians believe the status of older people was elevated in the colonial period—the time during which early settlers, especially the Puritans, founded America and

formed the 13 colonies. In contrast, other historians point to ageism and neglect of older people in the colonial days.

Early Colonial Days

According to David Fischer, author of *Growing Old in America* (1977), the power and privilege of old age were deeply rooted in colonial times, when age, not youth, was exalted. To be old was to be venerated by society and to be eligible for selection to the most important positions in the community. Meetinghouse seats were assigned primarily by age, and elders sat in positions of highest status. According to Fischer, the national heroes were "gray champions." Community leaders and political officeholders tended to be older men, and, as elders, were honored during ceremonial occasions.

Older adults were believed to have received divine blessings. Their long life was thought of as an outward sign they would be "called" or "elected" to heaven. Biblical interpretation suggested that good people would be rewarded with long life: "Keep my commandments, for length of days and long life shall they add unto thee." The Puritans pictured Jesus as an old man with white hair, even though, according to most theologians, Jesus died in his early 30s. Respect for age was also evident in manner of dress. Increase Mather, the president of Harvard College from 1685 to 1701, wrote that old men whose attire was gay and youthful, or old women who dressed like young girls, exposed themselves to reproach and contempt. Male fashions during the 1600s, and even more so in the 1700s, flattered age. The styles made men appear older than they were. Clothing was cut specifically to narrow the shoulders, to broaden the waist and hips, and to make the spine appear bent. Women covered their bodies in long dresses. Both sexes wore white, powdered wigs over their hair. Not until the 1800s did clothing styles begin to flatter the younger man or woman.

Fischer studied other historical data that indicate age status. American literature, for example, emphasized respect for old age from the 1600s until after the American Revolution. A careful examination of census data shows that individuals in the 1700s tended to report themselves as older than they actually were, in order to enhance their status. (In the mid-1800s, this tendency reversed itself.)

The tradition of respect for elders was rooted not only in religious and political ideology, but also in legal and economic reality. The elders owned and controlled their own land, which did not pass to their sons until they died.

Popperfoto/Getty Images

This photo of a successful middle-aged man might illustrate advantages that income bestow on the aging person.

The sons, therefore, had financial reason to show respect for and deference to their fathers. In these conservative times, the young had little choice other than to honor, obey, and follow the ways of the old.

A word of caution must guide our consideration of the older person's status in colonial times: "Status" is a multidimensional concept, measurable in many ways, that indicates one's social ranking in society. Deference, respect, health, economic resources, material possessions, occupation, education, and political power are all possible indicators of social status. By some measures, the colonial elders had high status. They were shown deference and respect, and they had political power and financial control of their land. But not all elderly colonial citizens had financial and political power. Indeed, financial and political power was held by only a very few. Colonial legal records show that widows who had no means of support wandered from one town to another trying to find food and shelter. Older lower-status immigrants and minorities, and most certainly older African Americans, had an especially difficult time because of their low economic status; many were indentured servants or slaves.

Most old people suffered from health problems that medical science was unable to cure or alleviate. Benjamin Franklin, for example, was wracked with pain in his later years because of gout and "the stone" (gallstone). Yet the old, in spite of their infirmities, were expected to be models of service and virtue to their communities. The very veneration that brought older people respect kept them from enjoying close, intimate relationships with younger people. Youth/elder relationships were distant and formal, causing the old to suffer loneliness in their elevated position.

A number of historians take exception to Fischer's rosy picture of colonial days. Haber (1983) described old age in colonial times as more dire than Fischer's work indicates. Haber believes that although select, well-to-do elderly had high status in the Puritan days, they did not live in a golden era of aging. Too many not so well-to-do fared badly; they were viewed with scorn and contempt. Haber advises that a careful sociologist or historian must try not to idealize the past, but to recapture reality by examining all of its facets: political, historical, economic, and social. Cruikshank (2013) and Quadagno (2008) make the same point as Haber, emphasizing that multiple forces, some positive and some negative, shaped life in colonial times.

It's sad to grow old, but nice to ripen.

Brigitte Bardot

Shifting Status of Old Age

According to Fischer, change throughout the 1800s altered the system of age relationships in a negative way, leading to social problems for the aged. The most fundamental change took place in political ideology. The principles formulated in the Declaration of Independence became stronger: equality for all in legal, social, and political matters. This trend affected older people because "lovely equality," in Jefferson's words, eradicated the hierarchy of age, and hence the respect automatically accorded the old. A study of word origins shows that most of the negative terms for old men first appeared in the late 1700s and early 1800s. *Gaffer,* originally an expression of respect, changed from a word of praise to one of contempt. Before 1780, *fogy* meant a wounded soldier; by 1830, it had become a term of disrespect for an older person. *Codger, geezer, galoot, old goat,* and *fuddy-duddy* came into general use in the early 1800s.

The preeminence of religious elders began to wane as doctors and other technologists replaced preachers as the custodians of virtue and learning. The United States became more industrialized. In the 1800s, cities became means of escape from both farming and parental control. Instead of waiting for his father to provide him with land, a young man could

move to a city and find work in a factory. As long as the United States had remained a traditional agricultural society, in which parents controlled property until their advanced years, older adults had exercised considerable power. Urban and industrial growth led to diminished parental control over family, wealth, and possessions (Cruikshank, 2013; Quadagno, 2008). By the late 1800s, young pioneers and young cowboys had become popular heroes; Teddy Roosevelt was young, rough, and ready. The youth cult began to replace the age cult.

The older population grew rapidly during the 1800s and 1900s, because of advances in the medical sciences. Retirement gradually became more and more common. However, many of the older people who retired had no source of income and were often neglected. Old age became a burden to those who lived it and a social problem to those who analyzed it.

Fischer (1977) divided U.S. history into two general periods:

1. 1600 to 1800: an era of growing **gerontophilia.** Old age was exalted and venerated, sometimes hated and feared, but more often honored and obeyed.
2. 1800 to present: an era of growing **gerontophobia.** Americans increasingly glorified youth instead of age, and older people often became victims (self-victims as well as social victims) of prevailing attitudes and social arrangements.

Historical analyses (Smith, 2010) suggest that we may eventually enter another period of age relations, one that will create better conditions for older adults. This will emerge from a new model—a fraternity of age and youth, and a world in which "the deep eternal differences between age and youth are recognized and respected without being organized into a system of inequality" (Fischer, 1977, p. 199).

The example of colonial America illustrates that the position of elders in our society can be something other than what it is now. We can be aware of various age relationships and possibilities that are more positive than the situations we have created.

The Aging Revolution: Demographics of Aging

What was once referred to as the "graying of America" is now more accurately understood to be a *revolution,* and the social meaning of that revolution profoundly permeates American culture. In fact, throughout the world, populations are aging, requiring massive cultural and social—and therefore political—changes. Historically, human populations were younger because lives were shorter. Today, longevity has increased, plus there has been a decline in birthrates.

U.S. life expectancy at birth began to improve in the 18th century. In 1900, life expectancy was 47.3 years; it advanced to 68.4 years in 1950; and it was 78.2 years in 2010 (Arias, 2011; SSA, 2013). The population of Americans 65 years and older has greatly exceeded the growth of the population as a whole.

Increasing Numbers of Aged

Since 1900, the percentage of Americans 65 and over has more than tripled, from just over 4 percent in 1900 to 13 percent in 2010. The older population is itself growing older: In 2010, the 65 to 75 age group (20.8 million) was ten times larger than in 1900. The 75 to 84 group was 17 times larger, and the 85-plus age group was 45 times larger in 2010 than in 1900 (AOA, 2013b).

The oldest-old are of particular interest to gerontologists because this is the group that requires the largest number of services to remain viable in their homes and communities. This age group represents a policy and political dilemma for the United States: To what extent can and should society provide social services

to promote health care and well-being of its more vulnerable citizens?

The older population (65 plus) numbered 40.4 million in 2010, an increase of 5.4 million (over 15 percent) since 2000. At the same time, the number of Americans aged 45 to 64, who will all reach 65 within two decades, increased by 31 percent (AOA, 2013b). The social implications of this approaching tidal wave are huge: Health care, consumption, housing, family structure, and transportation are only a few areas of individual and community well-being that will be impacted.

Even as the population grows older, it grows more diverse. Minority populations have increased from under 6 million in 2000 (16.3 percent of the older population) to over 8 million in 2010 (20 percent). This population is projected to increase to over 13 million in 2020, or to 25 percent of American elderly (Arias, 2011). A huge jump in the over-65 population will occur from 2010 to 2030, when the leading edge of the **baby boom generation** (those born between 1946 and 1964) reaches 65. By 2030, when all the baby boomers will be 65 and over, nearly one in five U.S. residents will be 65 and older (U.S. Census Bureau, 2013). By the sheer force of its numbers, the boomers represent a demographic bulge that has remodeled society as it moved through the decades, and will continue to do so in the future. Population aging was postponed as the baby boom generation moved through the labor force ages, but it now is ushering in a period of very rapid population aging as that cohort becomes 65 and over.

The older population will reach 72 million in 2030, which is more than twice the level (35 million) in the year 2000 (Board on Mathematical Sciences and their Applications [BMSA], 2012; He et al., 2005; Vincent & Velkoff, 2001). Previous to this aging boom, the age 85-plus category was the fastest growing age group in the country, but the fastest growing group is now the baby boom generation—the younger-old. This puts the United States on the threshold of an approaching boom; however, the United States is aging less rapidly than most other high-income countries and might as a result be better able to cope with the social, cultural, and economic pressures of demographic change (BMSA, 2012).

Increases in life expectancy since 1950 have been due primarily to declines in death as cardiovascular disease became more manageable. Longevity rose 9.3 years in the United States between 1950 and 2006; however, most other countries in the world achieved more rapid longevity improvements over the same period (BMSA, 2012). Of eight other high-income countries in 1950 (Australia, Canada, France, Germany, Italy, Japan, Spain, and the United Kingdom), the United States ranked at the top of life expectancy. It dropped to the last place in 2006 (United Nations, 2011).

Why does the United States rank so low in international life expectancy comparisons? It is surprising because the United States spends more on health care than any other country does. The National Research Council (NRC) examined this question in 2008, reaching several conclusions in its final report:

> *A history of heavy smoking and current levels of obesity are playing a substantial role in the relatively poor longevity performance of the United States. (p. S-4)*
>
> *The damage caused by smoking was estimated to account for 78 percent of the gap in life expectancy for women and 41 percent of the gap for men. (p. S-2)*
>
> *Obesity may account for a fifth to a third of the shortfall of life expectancy in the United States relative to other countries studied. (p. S-2)*

What does this imply for future trends in life expectancy in the United States? Not surprisingly, analysts disagree substantially. Mortality is projected to continue to decline as progress is made in medicine, diet, biotechnology, public health, access to medical services, and so on (BMSA, 2012). The most commonly cited

projection is the one the Social Security Administration uses: U.S. life expectancy is projected to increase to 82.2 years in 2050, up from 77.7 in 2006 (Cohen, 2011). Some analysts think the slow pace of improvement in life expectancy over recent decades was due to smoking and obesity impacts. After rising for decades, however, smoking and obesity indicators have now plateaued. According to the National Research Council (2012):

> *After 1964, when the Surgeon General's Office released its authoritative report on the adverse effects of cigarette smoking, the increase in smoking slowed, stopped, and eventually reversed in the United States. (p. 5-4)*
>
> *Recent data on obesity for the United States suggest that its prevalence has leveled off and some studies indicate that the mortality risk associated with obesity has declined. (p. 5-4)*

Taking these trends into account implies that life expectancy in the United States will reach 84.5 years in 2050—substantially higher than the projections the Social Security Administration uses (BMSA, 2012).

Global Aging

The dramatic increase in number and proportion of elderly is likewise increasing internationally. Indeed, the world is at the threshold of a global aging revolution. East and Southeast Asia are aging the most rapidly. In 2014, the most populous five countries were (1) China, (2) India, (3) United States, (4) Indonesia, and (5) Brazil (U.S. Census Bureau, 2013). In 2050, the most populous five countries are projected to be (1) India, (2) China, (3) United States, (4) Indonesia, and (5) Pakistan (*Ibid.*). Policy in China has restricted birthrates for three decades now, so its projected growth will represent a dramatically aging population. Indonesian birthrates are also relatively low so its population growth will be older. India, on the other hand, is a relatively young country in the sense that its population growth is being pushed by high birthrates and relatively high mortality rates among adults, due in part to access to medical treatments.

To further complicate the picture, this takes place in a new global economy. The impact of individual countries on one another occurs over a range of categories, from medicine and biotechnology, health care access, and public education to economic strategies and national security concerns. For example, the prediction of Pakistan as the fifth largest country by 2050 probably does not include the cost of human lives due to the war that region is presently experiencing. The human costs of war fall disproportionately on young men, thereby leaving a demographic category with a smaller proportion of males.

Figure 1.1 reflects these changes. Notice the proportional change in population pyramids in the oldest age groups, 70 to 105. Note both the shape of each pyramid plus the width of each bar. All older age groups starting at age 65 show large increases. In general, the higher the age interval, the greater the proportional increase. In other words, the old as a group are becoming older, that is, are not dying off as quickly, so the numbers of the very old will continue to mushroom.

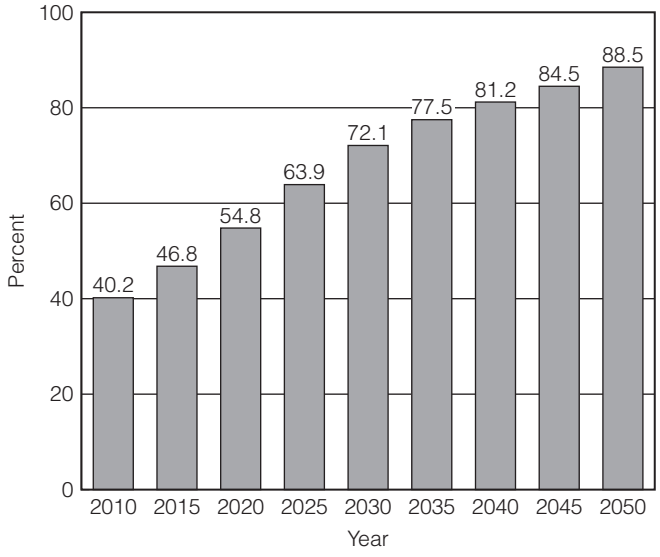
The speed and timing of these demographic changes is unprecedented. Japan took 26 years (from 1970 to 1996) to increase its proportion of those 65 and over from 7 to 14 percent. It took countries such as France, the United States, and Sweden nearly 115 years to do the same (Mui, Leng, & Traphagan, 2005).

Asia's growth in the older population is at a rate faster than other countries, as indicated. Internationally, in 2009, the world population of 65 and older was 518 million people. Projections indicate that this number will increase to 1.6 *billion* by 2050 (U.S. Census Bureau, 2013).

Globally, females are longer lived than males. Boys outnumber girls in all countries; however, over time, different mortality rates

FIGURE 1.1

Projected U.S. Population Aged 65 and Older: 2010 to 2050



Source: Population Division, U.S. Census Bureau Released: August 14, 2008

produce a changed sex balance in a population (AOA, 2008b). In other words, the female share of the older population rises with age. Differences between high-income and developing countries remain notable: As infant and childhood mortality reach lower levels in developing countries just as in high-income countries, improvements in average life expectancy are achieved (AOA, 2008b). Of greatest concern with global aging, a 21st-century phenomenon, is whether living longer means living better.

Global aging can be attributed to modernization in medicine and technology, thereby leading to increased life expectancy and a declining birthrate. We will consider each topic separately.

Increased Life Expectancy

Life expectancy in the United States has consistently increased throughout the 19th and 20th centuries and continues to do so in the 21st century. The population 65 and over increased over tenfold from 1900 to 2000 (U.S. Census Bureau, 2009). As indicated earlier, the older population numbered 40.4 million in 2010, representing an increase of 15.3 percent since 2000. The number of Americans aged 45 to 64—who all will reach 65 within the next two decades—increased by 31 percent in this decade (AOA, 2013b). In 2006, those reaching age 65 had an average life expectancy of an additional 19 years, and those born in 2006 could expect to live 78 years. This is about 30 years longer than a child born in 1900 (AOA, 2013b).

A dramatic increase in life expectancy occurred in the 1920s, as a result of reduced infant mortality, health care advances, and improved nutrition, although the increase is characterized by ethnic disparities. Racial differences also exist in longevity patterns, however: White

Craig Lovell/Eagle Visions Photography/Alamy

Generations react differently in different cultures. Here we can see the responses of four generations of women to an anxiety-producing event.

males live more than six years longer than African American males. The life expectancy for African American females in 1995 was 74; by 2010, that life expectancy had risen to 78 (U.S. Census Bureau, 2013).

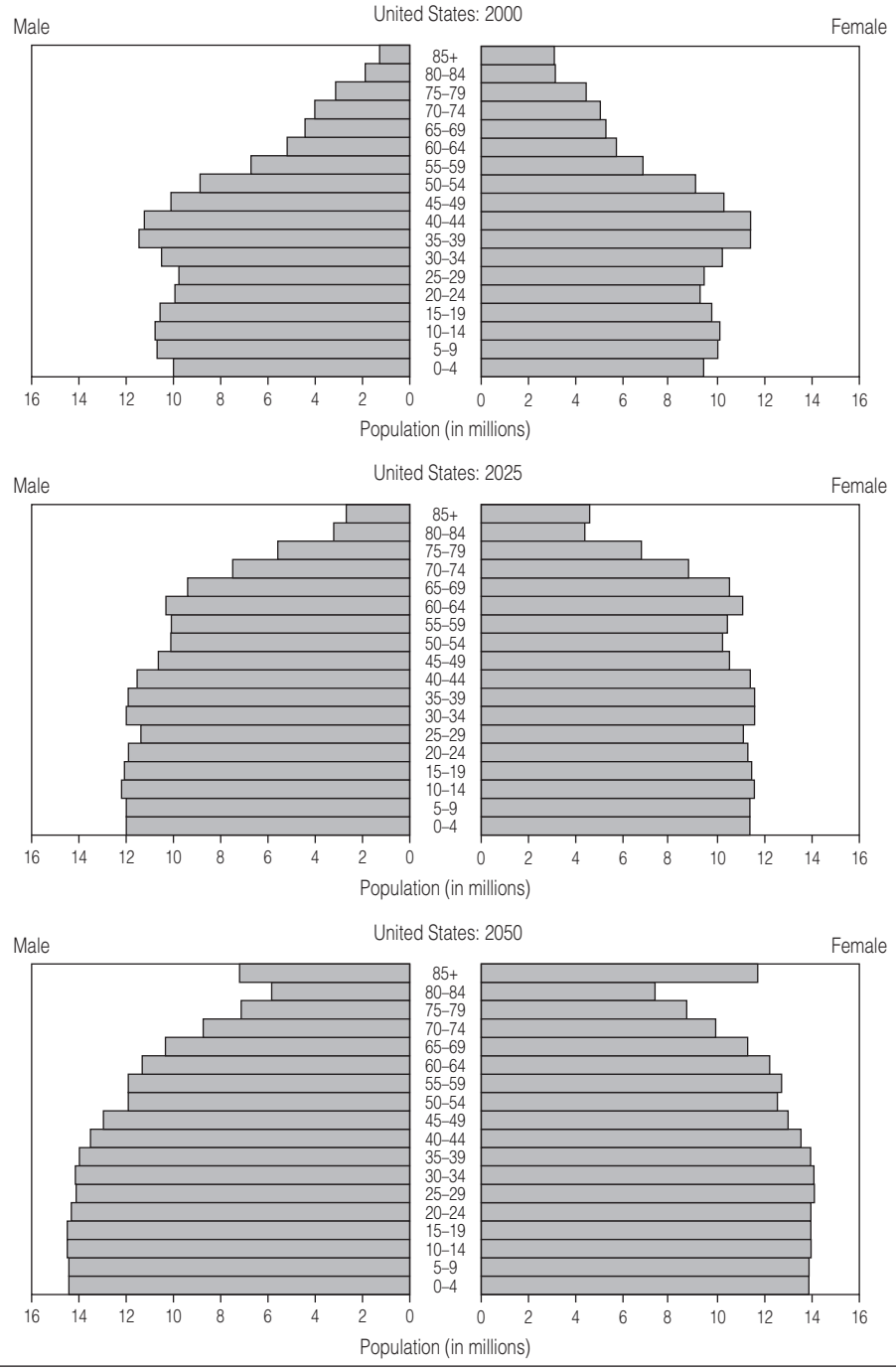
American women at every age, regardless of race or ethnicity, have longer life expectancies than do men, though this discrepancy has decreased in the past 30 years. Figure 1.2 shows differences between male and female populations in the United States by age. Note the dramatic increase of females over males in the 85 and over age category.

The longer a person has lived, the greater that person's statistical life expectancy (Figure 1.3). The reasons for this have to do with **selection for survival** (World Health Organization, 2007), meaning that members of a population are selected for survival based on their resistance to common causes of death. Those causes might be intrinsic or environmental, but studies on the genetics of long-lived people suggest that genes probably affect longevity by altering the risk of death at different ages, rather than by directly determining age at death (BMSA, 2012; Volger, 2006). In other words, our genetic programming seems more aimed at the level of "protection" we have against mortal illness than at setting age at birth.

Over the years, there have been dramatic reductions in the death rates for diseases of the heart, cerebrovascular disease, and pneumonia. Even though life expectancy for males is not as high as for females, both genders' expectancies have increased considerably over the last several decades, as previously discussed. This increase has been driven overwhelmingly by changes in environmental factors causing death, rather than factors intrinsic to the aging process itself. In addition to having long-lived grandparents (genetic factors), being near an ideal weight for one's stature, having low blood pressure and low cholesterol, not smoking, consuming alcohol moderately, exercising vigorously three to

FIGURE 1.2

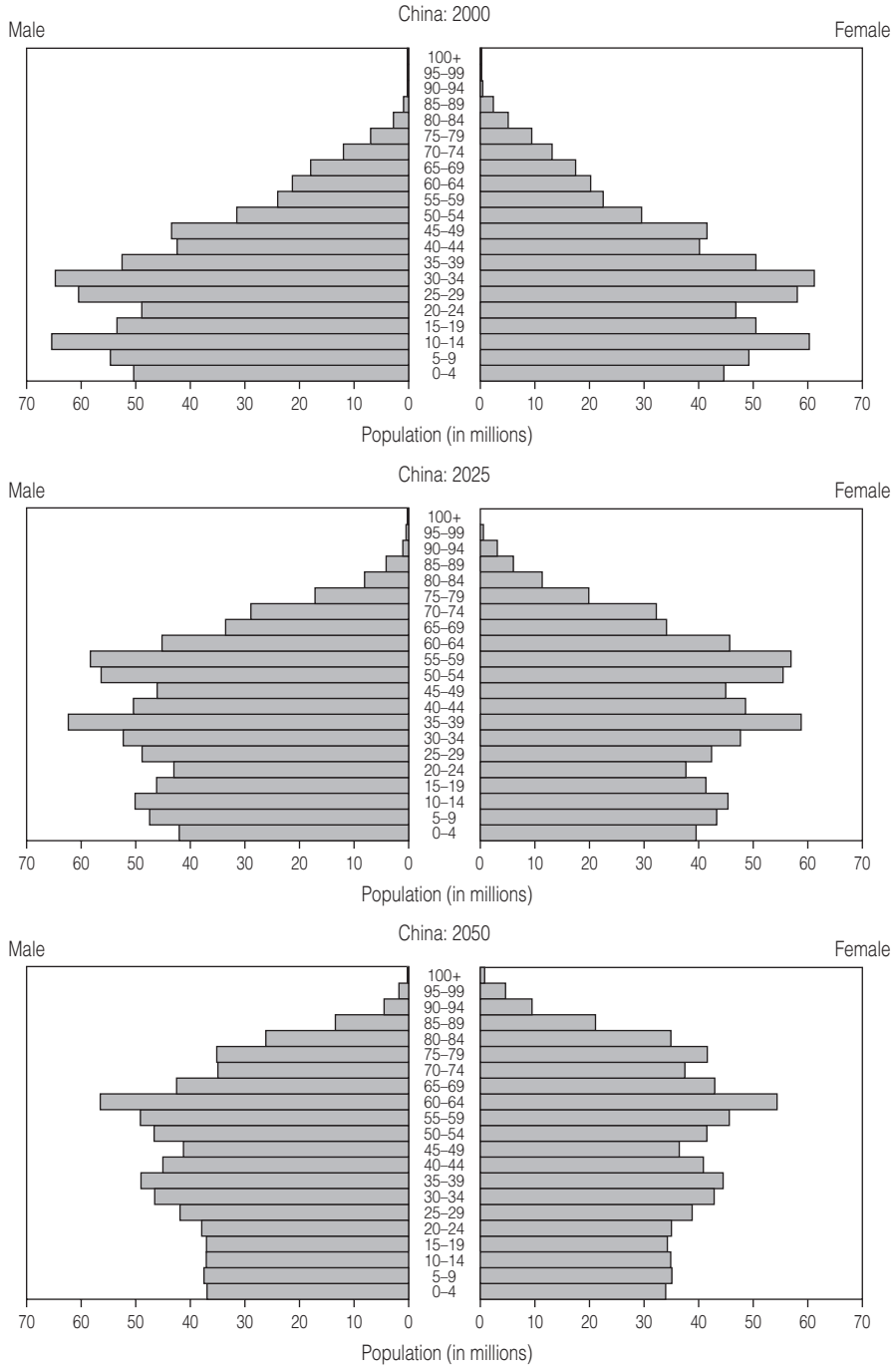
Population Pyramid Summary for United States



Source: U.S. Census Bureau, International Data Base. Extract data from IDB Online Aggregation

FIGURE 1.3

Population Pyramid Summary for China



Source: U.S. Census Bureau, International Data Base. Extract data from IDB Online Aggregation

five times a week, eating a healthy diet, and living a relaxed and unstressed lifestyle are central predictors to a long life.

Heart disease remains the leading cause of death for older Americans; however, the proportion of death due to coronary heart disease has fallen in the past 20 years, and now death rates from cancer take a third of lives between 65 to 75, especially among African Americans (AOA, 2013b; May, 2007; Wailoo 2006). One outcome of changes in diet and medicine is that older Americans are living longer, and they are less frail than their parents and grandparents were.

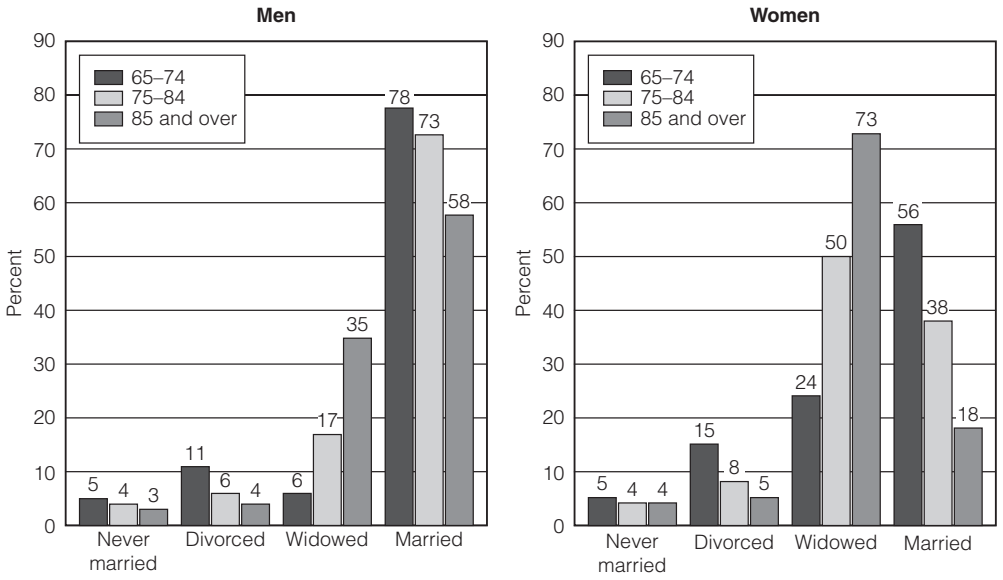
Many current causes of death are linked to behaviors that our culture either encourages or finds more acceptable in males than in females: using guns, drinking alcohol, smoking, working at hazardous jobs, or appearing fearless. Such cultural expectations seem to contribute to males' elevated mortality. Men suffer three times as many homicides as women and have twice as many fatal car accidents (per mile driven) as women. Men are more likely to drive through an intersection when they should stop, are less likely to signal a turn, and are more likely to drive after drinking alcohol. But behavior doesn't entirely explain the longevity gap.

Women seem to have a genetic makeup that "programs" them to live longer. Some scientists think that the longevity gaps may be due to chromosomal or hormonal differences. Whatever the reasons, older women outnumber their male counterparts, and the difference grows with advancing age. One consequence of this gender discrepancy is that older women are much more likely than men

Because women generally outlive men, many older social groups are female-dominated.

FIGURE 1.4

Marital status of the population age 65 and over, by age group and sex, percent distribution, 2010



Note: Married includes married, spouse present; married, spouse absent, and seperated.
Reference population: These data refers to the civilian noninstitutionalized population.
Source: U.S Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010

to live alone (Figure 1.4). This is important from a gerontologist's perspective, in part because marital status strongly affects emotional and economic well-being: It influences living arrangements and in-residence assistance for people with an illness or disability. In 2012, more than three-quarters (78 percent) of men age 65 to 74 were married. This compares to over half (56 percent) of women in the same group (AOA, 2013b).

The leading causes of death for men and women over age 65 have remained stable in the past two decades. Ranked in order from most to least common are (1) diseases of the heart; (2) malignant neoplasms (tumor); (3) cerebrovascular disease (stroke); (4) chronic obstructive pulmonary disease; (5) pneumonia and flu; (6) chronic liver disease; (7) accidents; (8) diabetes; and (9) suicide. Men have higher death rates in all the categories except diabetes.

Decreasing Birthrate

When the birthrate declines, the number of young people decreases in proportion to the number of old people. The birthrate in the United States has gradually declined since public record keeping began in the 18th century. A baby boom in the 1940s and 1950s increased the

birthrate temporarily but did not reverse its long-term trend. In 1972, we witnessed a near-zero population birthrate (2.1 children born for every couple): The number of live births nearly equaled the number of deaths, stabilizing the population. According to the Population Reference Bureau in Washington, DC, the 1991 birthrate evened out at 2.1 children. If the United States continues to maintain a lower birthrate, the proportion of older people will further increase. This is what is meant by an **aging nation.**

A controversy rages as to whether medical science can do anything further to extend life expectancy at birth to more than 85 years or so. As previously discussed, over the past 125 years, the life expectancy of Americans has almost doubled, from 40 to nearly 80 years. But these gains in life expectancy, most of which have come through a combination of reducing deaths of the young (particularly infants) and mothers in childbirth, may have been the "easy" ones. It is clear that in our present century, longevity is a complex interaction of environmental, historical, and genetic factors (AOA, 2013b).

The population that is presently the oldest-old has had unique life experiences. They are a cohort that survived infancy when the infant mortality rate was about 15 to 20 times the present rate, when the medical practice did not have much to offer for treating the infectious diseases of childhood. They survived at least one world war, and the females survived childbearing at a time when the maternal mortality rate was nearly 90 times its present level. The next generation of older Americans will have lived their adult years with many of the advantages that were only emerging for the previous older generation, so mortality rates will continue to be lower in later life. That does not, however, appear to change the maximum human life span, which seems to have fixed limits (Finch & Pike, 1996).

Some medical experts and laboratory scientists say that the period of rapid increases in life expectancy has come to an end. They argue that advances in life-extending technologies or the alteration of aging at the molecular level, the only ways to extend life expectancy, will be either improbable or long, slow processes. And, though they do agree that eliminating cancer, heart disease, and other major killers would increase life expectancy at birth by about 15 years, cures for these diseases are not in sight. Other scientists are more positive about extending life expectancy. Findings of a study by Ken Manton at Duke University, reported in 1990, predicted that Americans could very well live to age 99 if they quit smoking, drinking alcohol, and eating high-cholesterol foods. We now see clear evidence of the accuracy of that prediction. Cultural groups with low-risk lifestyles, such as Mormons in the United States, already have achieved life spans exceeding 80 years (Hoyer & Roodin 2009).

Jean-Paul Pelissier/Reuters

Jean Calmet, age 122.

The longest documented human life span on record is that of French woman Jeanne Calment, who lived to be 122. There are some generally accepted records of people throughout history who have died between 110 and 120 years of age, but few that are documented. The most extreme claims come from populations with the least reliable records. There is no evidence, either current or historical, that there has been much change in the rate of aging.

Currently, the world's oldest living person is Carmelo Flores Laura of Bolivia, if Bolivia's public records are correct. He was born on July 16, 1890. Increases in life expectancy have been driven overwhelmingly by reductions in environmental causes of mortality (AOA, 2013b). Although there are outliers such as Mr. Flores Laura, it appears that the maximum human life span has not actually increased; however, the mean life expectancy in developed countries has done so tremendously.

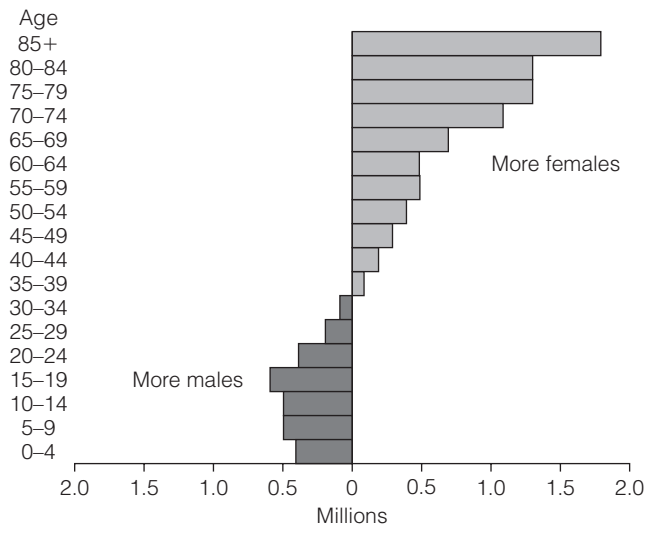
Our Aging Nation

Identifiable regions of the country exceed the U.S. proportion of citizens over the age of 65. Florida, a retirement haven, had a 17 percent over-65 population in 2010 (the most recent census data). Florida is followed by West Virginia at 16 percent; Maine, just under 16 percent; and Pennsylvania at 15.5 percent of their population age 65 and over (AOA, 2013b). In a total of 17 states in 2010, people 65 and over constituted 14 percent or more of the total population.

As shown in Figures 1.5 and 1.6, the 65 and older population has increased as a percentage of total population. Note that the older

FIGURE 1.5

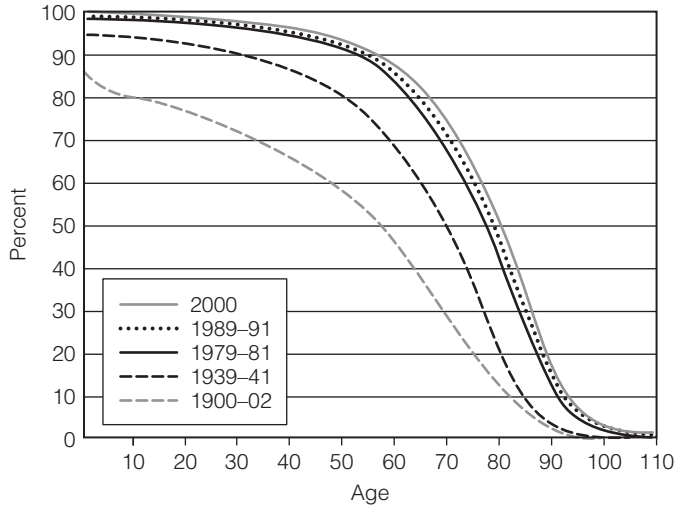
Difference between male and female populations by age: 2000



Note: The reference population for these data is the resident population.
Source: U.S. Census Bureau, 2001. Table PCT12.

FIGURE 1.6

People surviving to selected ages according to life tables for the United States: 1900–1902 to 2000



Note: The reference population for these data is the resident population. Data for 1900–02 and 1939–41 also include deaths of nonresidents of the United States.

Sources: 1900–02, U.S. Bureau of the Census, 1921, Table 1: 1939–41, U.S. Bureau of the Census, 1946, Table 1: 1979–81, National Center for Health Statistics (NCHS), 1985, Table 1: 1989–91, NCHS, 1995, Table 1: 2000, NCHS, 2001b, Table 1.

population can increase by virtue of in-migration of elders to retirement communities (Florida, Arkansas, and Arizona, for example) or by the out-migration of younger citizens (represented by some midwestern states). Many of the states are farm belt states where younger people are leaving farms for jobs in cities, whether or not those cities are in the same state. There is a clear trend toward growth of the older population in the country's west. Differences in population change at the county level are even greater than among states (Ezzati et al., 2008).

The social implications of these demographics are broad. The increasing percentage of older people means that families will be increasingly comprised of four generations instead of two or three. Additionally, the trends suggest local needs for change in social policy to address their changing demographics. As longevity rises over time, people spend more time in retirement. Alaska, for example, has experienced an out-migration of younger workers, leaving behind an increasingly older population, much of which is retired. Caring for a more vulnerable aged population is and will continue to be an important mandate for that state.

In 2012, 20 percent of those over age 65 were minorities—8.4 percent were African Americans, nearly 7 percent were people of Hispanic origin (of any race), about 3.5 percent were Asian or Pacific Islander, and fewer than one percent were American Indian or Native Alaskan (AOA, 2013b). The census reported an

increasing number of people identifying themselves as being of two or more races. This proportion will undoubtedly increase over time by virtue of increased numbers of people of two or more races plus an increasing cultural awareness of dual ethnicity—the U.S. Census Bureau only included the option to select the category of mixed-race in the 2000 census.

Minority populations have increased from 5.7 million in 2000 to 8.1 million in 2010. That is a proportional change in ten years of between 16 percent to 20 percent, and it is projected to increase to just over 13 million, or 24 percent, in 2020 (AOA, 2013b).

Living Arrangements

Over half of older noninstutionalized people lived with a spouse in 2010; however, only 30 percent of women 75-plus lived with a spouse (AOA, 2013b). Around 750,000 grandparents age 65 or over maintained households in which grandchildren were present in 2010. Another 955,000 grandparents over 65 lived in parent-maintained households with grandchildren present. Only a small number (1.5 million) and percentage (4.1 percent) lived in institutional settings such as assisted living or long-term care (AOA, 2013b).

Currently, whites are more likely than African Americans to live in married-couple-only households, and African Americans are more likely than whites to live in multigenerational households (Sheeder, Lezottte, & Stevens-Simon, 2006), although these differences balance out somewhat as people age. In the next 20 years, it seems clear that more children will grow up with the support of older relatives, and more people in their 60s will be called on to care for 80- and 90-year-old parents.

Migration also impacts population distribution. According to *Aging and the Macroeconomy*:

> *Net migration, both legal and illegal, rose from 0.8 to 1.9 million per year between 1980 and 2005. The recession of the last 2000s reduced this number to near zero in 2008, followed by a rebound in 2009 and 2010. (BMSA, 2012, p. 44)*

The primary reason for these large shifts in migration is mostly due to illegal migration, which became negative in 2007. Legal migration has slowly and systematically risen since the implementation of new legislation allowing more immigrants in recent decades (BMSA, 2012). The Social Security Trustees Report projects this rebound in migration to continue until 2015, before beginning a steady decline over future decades.

Migrants are generally younger than the U.S. population; therefore, migration reduces population aging. This shift in turn impacts social needs and therefore social policy.

Our Aging World

The world is rapidly aging also: As public health, education, and income improve in underdeveloped countries, longevity increases, approaching the longevity experienced in high-income countries. The population pyramid is an effective way to take a snapshot of the distribution of various age groups over time.

Population pyramids, illustrated in Figures 1.2 and 1.3, show the effects of a population's age and gender composition on the structure of a nation's population. The horizontal bars in the pyramid represent *birth cohorts* (people born in the same year) of ten years. The effect of the baby boomer cohort on the U.S. population can be clearly observed in Figure 1.2 as a bulge in the middle of the pyramid in 2000, a squaring off of the population in 2025, and a startling increase in the over-85 population in 2050. Note the relationship between lower birthrates and lower death rates, indicating fewer young people and more older people. This trend effectively reshapes the pyramid into a more boxlike image, illustrating the more balanced proportion in the population of each age cohort. The U.S.

Census Bureau maintains an updated, interactive website in which you can request population data for most countries of the world and for areas within most countries. The website is a valuable contribution to understanding regional, national, and global population patterns (www.census.gov/population/international/data/idb/informationGateway.php, retrieved April 2013).

The shape of the population pyramid for a less developed country like Nigeria, for example, would be a large base, indicating high birthrates, and a small top, indicating a high death rate with few people surviving into old age. This pyramid was typical of the United States as a developing nation in the 1800s, and it is typical of most developing nations. Countries with this pyramid form have difficulty caring for all their young, and as a result, social policy is directed toward youth.

On examination of the population pyramids for China (see Figure 1.3) at 2000, projected to 2025 and 2050, we can see a dramatic growth in the older population. Note that China's 2050 projected pyramid is roughly parallel to that of the United States (Figure 1.2) in 2000. This is a result of industrialization and all that accompanies a nation's increasing affluence.

Countries like Sweden and Japan, on the other hand, have a larger proportion of older adults than does the United States. They have achieved virtually zero population growth and thus would eventually have a "stationary," or boxlike pyramid. The social implications are that the needs of a society change with a changing age structure, as must social policy that directs national resources to various segments of the population. Housing, health care, education, and other services for elders must be balanced with services targeting more youthful age groups, as the population shifts in age.

Ageism in the Future

For many decades, our society has suffered from *gerontophobia*. The term comes from the Greek *geras,* "old," and *phobos,* "fear," and refers to fear of growing old or fear or hatred of the aged. To conceive of any status for elders other than that to which we are accustomed is difficult. We have accepted tension between youth and age. As a nation, the United States clearly identifies as youth-oriented. Respect by the young for the old in our society is not a given. It is not deeply imbedded in the fabric of our society.

Some people view the increasing number of older adults as a burden on society, referring to the economic burden of providing care for the unemployed elders who depend on society for financial aid. The number of people 65 and older relative to the working population (those 18 to 64) is called the **old age dependency ratio.** If the population age 65 and older grows faster than the working population, the cost to taxpayers of providing for the aged population rises.

> *We don't get a chance to do that many things, and every one should be really excellent. Because this is our life. Life is brief, and then you die, you know? And we've all chosen to do this with our lives. So it better be damn good. It better be worth it.*
>
> Steve Jobs

The percentage of elders to the working population has increased steadily, so there are proportionally fewer employed people to support older, retired people today. In 1910, there were 10 working people per older person; in 1980, 5 or 6. By the year 2010, a ratio of 22, or about 4.5 workers per retired person was reached, and it is projected to climb from 22 to 35 in 2030 (U.S. Census Bureau, 2010b). The higher the dependency ratio, the greater the potential burden.

An improved version of the old age dependency ratio is the retiree to worker ratio

(RWR). The numerator of the RWR is the number of retires as opposed to the entire 65-plus population, and its denominator is all people in the labor force, not just the population aged 20 to 64. The trends over time are similar, however (BMSA, 2012).

As average age increases, a larger proportion of seniors requires Social Security and Medicare payments and, consequently, higher taxes to cover the costs. Indeed, Social Security taxes have slowly increased over the years. The reasons are multiple—one, however, is the increase of retirees in that system. This will be addressed more fully elsewhere in the text. The prospect for the future rests on one simple fact: If you go to work at a young age, you will have to live a very long time to receive in benefits what you have paid into Social Security, because resources for that "enforced savings plan" will have been spent on people who are *presently* retired. In turn, when you retire, the benefits being paid into the Social Security system will be paid by the generations following you. If we view elders as an economic burden rather than with a "pay it forward" mentality, ageism may increase as the number of retired, sick, or frail older people increases.

Some gerontologists believe that as we have become an age-segregated society, with separate schools for the young and separate retirement communities for the old, this segregation further generates misunderstandings and conflict. Other gerontologists, alternatively, maintain that ageism is declining. They point to the improved health of seniors and to retirement communities composed of increasingly younger retirees who seem happy and content. In such contexts, the image of older people is improving. In addition, the increasing numbers of elders may be leading to a psychological shift away from a youth-oriented culture, toward a more life course–inclusive identification.

It is possible that the increasingly large number of older people is eroding the youth

George Shelley/Cusp/CORBIS

Friends enjoying shopping, as only friends can do. Marketing experts court these experiences and are aware of the discretionary income available to the boomer generation.

culture. Marketing experts are skilled at analyzing the data we have reviewed in summary here. Young adults of the 1980s, many of them "yuppies," prospered from relatively inexpensive college education and the economic expansion of the times. These same baby boomers are aging in unprecedented numbers and continue to influence the lifestyle and economy of the United States. As boomers make demands on the market, our culture will modify to accommodate an older population—from changing how long it takes a traffic light to turn from green to red, to clothing styles, to increased services at airports.

Old age can be an exciting time for contributing to others and for self-fulfillment. Demographics predict that communities in the future will have a more evenly balanced age population. That means that younger people will be more accustomed to seeing older people with health ranges from outstanding to frail, just as medical advances have allowed younger people with injuries or disabilities to live longer.

Chapter Summary

Gerontology is a multidisciplinary study of the human aging process from maturity to old age, as well as the study of older adults as a special population. The key perspectives in gerontology are *biological, sociological,* and *psychological* processes. The text uses a *social problems approach,* examining patterns of social behavior and institutional structures that negatively affect the quality of life of aging individuals.

The United States has always been a youth-oriented nation; however, increased longevity and lowered birthrates have transformed the population to an older one during the last half of the 20th century. Social problems such as ageism, changing economic burdens, and the need for changes in social policy have resulted. The need to address the issues of an aging nation is upon us. Gerontologists believe that ageism can be ameliorated through education and the changing health and lifestyle of the "new" elderly, who are more healthy and vigorous than the population of elders preceding them.

The United States is aging; so too are most other countries. As national economies become more global, so too do population pyramids begin to approximate each other. Affluence, education, health awareness, and longevity are inseparably intertwined with the global economy. Pharmaceuticals in the United States are already often produced in another country—France or Germany, for example. Scientists increasingly share their research, and it is not unusual to see a medical research lab with American, Canadian, French, Indian, and Italian scientists working side by side.

Key Learning Concepts

ageism
aging
aging nation
baby boom generation
biological aging
birth cohorts
chronological aging
cohort
critical perspective
cumulative disadvantage
Detroit syndrome
Geriatricians
geriatrics
gerontology
gerontophilia
gerontophobia
historical cohort
life expectancy
old age dependency ratio
population pyramid
psychological aging
selection for survival
senescence
social aging
sociogenic aging

Learning Objectives

After reading this chapter, students should be able to:

1. Define the study of gerontology.
2. Provide an understanding that aging is a powerful process and that growth and development do continue in later life.

3. Establish the impact on society of the increasing adult population that is living longer.
4. Understand the ways biology and psychology affect social structures.
5. Understand the ways in which social systems impact an individual's long life, now and in the future.
6. Distinguish chronological, biological, psychological, and social aging; describe philosophical, spiritual, and ethnical concerns about aging; and explain how geriatrics differs from gerontology.
7. Explain the person–environment approach to aging and the concept of environmental press.
8. Explain historical changes in aging and historical differences in cultural attitudes about the old.
9. Describe how older Americans today differ from those of the past and the different age cohorts within the elder population.
10. Explain how the status of older people historically was focused on property ownership and how and why this changed with modernization.
11. Explain factors that contribute to the social problem of ageism today and how attitudes about the elderly have changed since early America.
12. Describe and explain the changing demographics of age in the United States.
13. Describe age variations in the United States by geographical area, and race and gender differences in longevity of Americans.
14. Describe differences in population pyramids among developed and less developed nations, and explain reasons for the proportional increase in elderly in developed nations, including longer life expectancies and lower birthrates.
15. Predict demographic changes as the baby boom generation grows older, and the cultural changes that may occur as the proportion of elderly dramatically increases.

Questions for Discussion

1. There are different ways of looking at age. How old are you in your mental outlook on life? How old are you spiritually? Chronologically? Physically? How old are your parents in each of these categories? Your grandparents? What basis did you use for assigning the ages?
2. Close your eyes and imagine yourself growing 10, 20, 30, 40 years older. . . . Continue until you've reached "old age" as you imagine it. How old are you? Who is still in your life from your youth? Who is new in your life? Who has passed on? What do you imagine a typical day to be like?
3. What is the "aging revolution" discussed in the chapter? How are you affected by it? How is our society affected by it? How is the world affected by it?
4. What are the possible positive and negative effects of increased longevity on family life?
5. What is the impact of global aging on health and human services, the world economy, and cultural development in developed and developing countries?
6. Consider your own concept of "aging." How old is "old"? At what age did you become aware of aging?

Fieldwork Suggestions

1. Look at a selection of birthday cards for adults. Do the cards support a positive or negative attitude toward aging? How do they promote ageism? Give examples.
2. Talk to several of the oldest people you know about their aging. How do they feel about growing older? Have the same conversation with a few of the youngest people you know. How do the responses of the young people compare to the responses of the older adults?
3. Ask several young adults how many older people they have spent time with over the last week. Ask several older adults how many

young people they've spent time with over the last week or month. Do you find evidence of age segregation?

Internet Activities

1. Visit www.census.gov (the U.S. Census Bureau) to complete the following activities:
   a. International aging demographics can be studied by visiting www.census.gov/population/international/data/idb/informationGateway.php.
   b. Compare data between developing, underdeveloped, and third world countries, and report your findings. What do you think accounts for the differences in population distribution? How do you think these differences impact the public policies of each country?
   c. National aging projections can be seen in the population pyramids found at www.census.gov/population/projections/data/national/natchart.html. Be sure to look at the "GIF" formats of each projection ranging from 2009 to 2100. What do you think are the biggest changes that we can expect to see in the future? How do you think these changes will impact your own aging?
   d. What about your own state? The Census site offers graphic representation of population changes between 2000 and 2010. Visit www.census.gov/population/projections/data/statepyramid.html, and view the reports and local data on the number of people over 65 in your home state. How does this compare with the number over 65 for your state in the 1980s? What would the population pyramid look like for your state?
2. How much do you know about your own aging? Search on "Living to 100," and take one of the longevity calculators. How does knowing your general life expectancy impact your long-term goals? Might you make changes to your lifestyle or financial plans given this new information?
3. Explore the options for careers in aging. Consider how you might integrate an understanding of aging into your career path?

2 Stereotypes and Images

Stereotypes of Aging

Who Is Old?

The Social Construction of Aging

Explaining Stereotypes

Breaking Negative Stereotype

Peter Titmuss / Alamy

Have you ever heard the following statements or made them yourself? *Old people are narrow-minded. They are set in their ways. Old people are terrible drivers!* These statements are negative stereotypes. Are you familiar with the phrases *a twinkle in his eye*, or *old and wise?* These statements are also stereotypes. This chapter explores stereotypes based on age and provides information to explain why they exist.

Stereotypes of Aging

Stereotypes are generalized beliefs or opinions based on individual experience, often produced by irrational thinking. Stereotyping and labeling seem to fulfill our need to structure and organize situations in order to minimize ambiguity and to clarify where we stand in relation to others. We humans have always needed to make quick assessments of situations and of people based on our beliefs or previous experience: This is a person I can trust. . . . This situation makes me uncomfortable. . . . That animal does not look friendly. . . . This person does not appear honest, and so forth. These assessments are our survival skills, "refined" over time to our *people* skills. They form the basis of making judgments and shaping many of our interactions in the larger society. When observations, however, become rigidly categorized—"I cannot trust this person because she looks like an untrustworthy person I once knew," or "All dogs are mean because I was bitten by one"—then we have fallen into making assessments based strictly on stereotypes.

Stereotyping, whether direct or indirect, is usually inaccurate. When we generalize by putting people into categories, we oversimplify reality. We ignore inconsistent information, and emphasize only a few characteristics. Thus, the statement "old people sit around all day" is a generalization that does not apply to the many active older individuals who work, read, write, paint, are physically active, or involve themselves in community affairs.

Although stereotypes can be negative, they can also be positive. Whether positive or negative, they are emotional impressions and are not based on objective information, and they categorize people. Stereotypes can interfere in our judgment by arousing strong and sometimes negative emotions, such as hatred or resentment. Hating or resenting any person or groups of people for any reason, but especially on the basis of a trait such as age, is both ignorant and unfair.

Ageism, like racism and sexism, occurs when people make general statements that are not true. These statements imply that one group is superior to another: My youth means I am nimble, smart and clever, and interesting; your old age means you are slow physically and mentally, forgetful, and have nothing particularly interesting to talk about. But why do we do this?

So scared of getting older
I'm only good at being young
So I play the numbers game to find a way
To say that life has just begun.

John Mayer, "Stop This Train"

A good deal of research conducted in the past ten years on terror management theory (TMT) suggests that people use defensive mechanisms to buffer potential anxiety that existential threat may cause (Kelley et al., 2001; Van den Bos et al., 2005). When threatened, people either reactivate and affirm their worldview to help maintain a coherent view of the world ("Everything is clear and makes sense to me"), or they try to find ways to boost their self-esteem. Comprehension goals (make sense of the world) and enhancement goals (increase self-worth) can lead to both positive