

# 1 *Aging in America*

## CHAPTER OUTLINE

### I. An Interdisciplinary Topic

- A. Definition of Gerontology: the study of the human aging process from maturity to old age and the study of the elderly as a special population.
- B. Aging can be examined from many perspectives: emotional, physiological, economic, social, cognitive, and philosophical.
  - 1. The focus of gerontology has changed markedly since its beginnings in the 1950s.
    - a. It goes beyond the prior preoccupation with age-related diseases to include a focus on senescence and physiological changes that influence functional status.
    - b. It includes a focus on social issues associated with the changing demographics of industrialized countries.
  - 2. Aging in this text refers to progressive changes through the adult years.
    - a. This is not a common biological process.
    - b. These changes are not necessarily negative, nor do they reduce an individual's viability.
  - 3. Senescence: age-related loss of function due to mutations that accumulate over time in certain genes in cells in the reproductive system.
  - 4. Gerontologists define aging in terms of:
    - a. Chronological aging: the number of years since the individual's birth
    - b. Biological aging: changes that reduce the efficiency of organ systems.
    - c. Psychological aging: Memory, learning, adaptive capacity, personality, and mental functioning
    - d. Social aging: Social roles, relationships, and the overall social context in which we grow old.
- C. Biological Perspective
  - 1. Recent research indicates that genes determine about one-third of our longevity.
  - 2. Two-thirds of longevity is determined by factors such as lifestyle and social environment.
- D. Sociological Perspective
  - 1. Examines the structure of society—its norms and values and their influence on how a person perceives and reacts to the aging process.
  - 2. Sociology focuses on groups of individuals and the cultural context in which they age, rather than the individual experience.
    - a. A society that accords the aged high status can expect more positive outcomes in contrast to a society that accords the aged low or marginal status.
    - b. Anthropologists find that cultures offer elders enormously varied roles.
    - c. Also in the sociological circle are political scientists, social policy experts, and historians.
    - d. Demographic and population experts provide information on the numbers and distributions of older persons in societies and provide projections of population trends for consideration by politicians and generators of public policy.
- E. Psychological Perspective
  - 1. The locus of psychological inquiry is the individual.

2. Psychologists are interested in the aging mind: how perception, motor skills, memory, emotions, and other mental and physical capacities change over time.
  3. The psychological constructs of motivation, adaptability, self-concept, self-efficacy, and morale all have an important impact on how we age.
  4. Psychologists consider individuals in terms of their life span or particular places in the life span rather than in terms of one point in life.
  5. Psychologists view individuals as dynamic and interactive, existing in multiple webs of relationships, history, and culture.
  6. Psychologists focus on identifying the connections between internal (psychological) and external (social) aspects of the individual's life.
- F. Philosophy, Spirituality, and Ethics
1. 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.
  2. We gain greater insight into the meaning of our lives by asking:
    - a. What was life all about?
    - b. What is the relationship of the people I am connected with to the meaning of my life?
    - c. What is my understanding of death—my own as well as the death of others?
  3. Ethical issues are central in the care of the elderly and in life decisions made by the elderly themselves.
    - a. Families are the major care providers for America's frail elders and issues of competence and decision-making or autonomy.
    - b. Developing an understanding of ethics and values requires that psychologists and health care practitioners be culturally competent.
      - (1) 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.
      - (2) Culturally competent practitioners are able to support and reinforce older adults in achieving their own culturally-appropriate sense of self-efficacy, i.e., to help elders develop personal mastery in a shifting internal and external environment.
- G. Gerontologists apply their specialty in many fields—medicine, dentistry, economics, social work, mental health, religion, education, and recreation.
1. They are practitioners in nursing, dentistry, occupational therapy, mental health, sociology, social work, and many other fields having to do with the health and well-being of individuals in society.
  2. The field of geriatrics focuses on preventing and managing illness and disease of later life.
    - a. Geriatrics is less multidimensional than gerontology and looks specifically at biological and physiological health issues.
    - b. Geriatrics is a medical model perspective; gerontology uses a biopsychosocial model.

## **II. Person-Environment and Social Issues Perspectives**

- A. The causes and solutions of social problems require macro level response, because they impact everyone, not just an age-identified segment of the population.
- B. Person-environment
  1. 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.

2. The person-environment model emphasizes the reciprocity of change: as the aging person adjusts to life's changes, this adaptation impacts the environment which cycle-like, further changes the individual as well as the social context.
- C. Environmental press
1. Eventually the individual's ability to adapt or change will become exhausted.
  2. The solution requires a macro-level response: when the environmental press becomes too great for the individual to manage alone, family, neighbors, community, and local and state resources can be mobilized.

### III. No Golden Age of Aging

- A. The ways in which the old are treated has been closely tied to the culture of their society.
1. In all cultures, it takes both values and environmental context to provide for all age segments of a society.
  2. The culture must state that aging is a positive achievement and must value the aged as individuals in order for the aged to have status and value.
- B. Historical and cross-cultural views of old age reveal a mixed picture of the status of elders.
1. In ancient times, most people died before age 35; those who survived into their 40s were treated with respects and awe, honored ceremonially and socially as keepers of the memories.
  2. The belief that elders were held in high status in American society has several different etiologies:
    - a. Honoring older people and one's ancestors is believed to have been an inherent family value.
    - b. Because so few people lived into later life, old age was a marker of exclusivity; status was bestowed on a person who was part of this exclusive circle.
    - c. Because the aged were perceived to be closer to death, they served as mediators between this world and the next; this role lent prestige to age by providing a respected function to the larger community.
  3. Not all ancient cultures equally honored old age: differences were huge between surviving into later years with good physical and mental health and surviving with frailty.
    - a. In a subsistence culture, people who outlived their usefulness were a burden, so the treatment of the frail could range anywhere from being treated cruelly or even killed to being ignored to being honored as more godlike because they were so exceptional.
    - b. Before the 6<sup>th</sup> century B.C. in Greek and Roman cultures, old age was associated with wisdom for those who had material wealth and social status.
    - c. After the 5<sup>th</sup> century B.C. in Greek and Roman cultures, old age was generally seen as a distasteful time of decline and decrepitude.
  4. A gradual shift to a denigration of old age seems to have emerged concurrently with a belief in social equality: no one's status was supposed to be elevated merely because of birthright.
    - a. During the classical period, beauty and strength were idealized in art and myth.
    - b. Old age was considered to be a time defiled by physical incompetence and mental ineptitude; it was ugly.
  5. In medieval Europe, as urbanization created population centers, life expectancy dramatically dropped below what it had been in Greek and Roman times.
    - a. Poor nutrition and sanitation and crowded living conditions, coupled with a lack of social organization appropriate urban living, resulted in an era of tremendous social disruption: norms and values from previous generations were no longer applicable.
    - b. Art from the medieval and Renaissance eras pictured age as cruel or weak.

#### **IV. Personal and Social Definitions of Age**

- A. Social status among Americans is correlated with education, wealth, and health, and most older people are better off in all of these categories today than they were in previous generations.
  - 1. 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 people have been experiencing since the 1990s.
  - 2. This suggests the U.S. might be undergoing a shift in cultural values toward higher status for older people.
- B. Several age cohorts exist within the elder population
  - 1. 73 percent of people in the over-65 age category—the bureaucratic definition of old age in our country—rate their health to be good to excellent.
  - 2. Among people 75 and older, 85 percent have chronic physical limitations, nearly 41 percent have mental (learning, remembering, or concentrating) disabilities, and over 70 percent experience difficulty going outside the home without assistance.
- C. 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.
- D. Historical cohort: the age of a person during a historical event of major proportion profoundly influences the social and personal meaning of the event.
  - 1. By the time they are 65, those who were five at the time of the disaster will essentially have lived with its outcomes for their entire lives.
  - 2. For those who were 65 at the time of the disaster, the event comes to be included in a lifetime of other events—its meaning is modified by other life experiences.

#### **V. Historical Perspectives on Aging**

- A. Historically, the status of older people was related to property ownership: the cultural norm was the ethic of children providing care for infirm elders in exchange for inheritance of the elders' property.
- B. Modernization theory: industrialization led to decline in the status of the elderly
  - 1. With the onset of industrialization, farming and the control of property became less central to a family's well-being as economic resources became available to people independent of their age.
  - 2. The vigor and energy of young adults became the national icon as it kept the industrial sector moving and the nation progressing toward increased wealth and prosperity.
  - 3. When their physical energy and strength began to ebb, older workers were less able to contribute to the industrial economy.
    - a. No substitute role emerged for those not in the industrial workforce.
    - b. No longer participants in a reciprocal system of exchange of resources, older people were now dependent on a younger generation.
  - 4. The growing emphasis on impersonality (equality) and efficiency (through individual effort) further contributed to the decline in the status of older people.
  - 5. Cowgill identified the characteristics of modernization that contribute to lower status for elders as:
    - a. Health technology: reduced infant mortality and prolonged adult life
    - b. Scientific technology: creating jobs that do not depend on skills and knowledge accumulated over decades of experience.
    - c. Education: targeted toward the young.
- C. Today, these three cultural values continue to shape social values.

1. Although the aged are not perceived to be as great a “problem” today, with the advent of pension reform and Social Security, their special needs make them an identifiable group.
  2. Elders today live longer than did the previous generation.
  3. They have lived through and sometimes have been surpassed by major technological changes.
  4. Their education reflects a more classical approach than one focused on job skills and information technology.
- D. From the perspective of social issues, old age itself has not been seen as an issue.
1. Until around 1900, only the illnesses related to old age were defined as problems.
  2. In the 17<sup>th</sup> and 18<sup>th</sup> centuries, the issues relevant to old age were the responsibility of families.
    - a. At a family level, grandparents were respected because there were so few of them.
    - b. Among the Puritans, long life was believed to be the result of God’s favor, a blessing bestowed on those few who had lived truly pure lives.
    - c. The primary basis of their respect and power was their control of property due to an economy based on agricultural production from family farms.
  3. With the industrialization of the 1800s, the problems associated with old age became reconceptualized on physical, social, economic, and psychological levels.
    - a. Social change occurred rapidly and the status of youth elevated.
    - b. Birthrates began to drop and longevity increased, resulting in an increase in the median age and the evolution of an identifiable category of “older” people.
  4. By the 1930s and 1940s, this new conceptualization of youth and the aged had created an identifiable group that called for collective action—i.e., the right to a decent income at retirement became an issue.
    - a. Responsibility for aging individuals came to be seen as belonging to society as well as to the family.
    - b. Older people received more public attention, but in the process began to be viewed as helpless and dependent.

## **VI. Ageism as a Social Problem**

- A. Ageism is a social problem: a negative social condition that people both create and solve.
1. The term ageism:
    - a. Was coined by Robert Butler in 1975 to mean the aversion, hatred, and prejudice toward elders and the manifestation of these emotions in the form of discrimination on the basis of age.
    - b. Sister Rose Therese Bahr defines ageism as the process of systematic stereotyping of and discrimination against people because they are old.
  2. Ageism has been called the third “ism.”
    - a. Whereas racism and sexism prevent racial minorities and women from developing their full potential, ageism limits the potential development of individuals on the basis of age.
    - b. Ageism can oppress any age group, young or old.
      - (1) Stereotypes of the young: too inexperienced, too immature, too untested.
      - (2) Stereotypes of the elderly: out of date, old fashioned, behind the times, of no value or importance.
  3. Ageism is not an inequality to be associated with biological processes alone: it is created and institutionalized by historical, social, cultural, and psychological forces.
- B. Ageism today
1. Our Western culture decrees that work and financial success establish individual worth.
    - a. Industrialization has reinforced the high value of productivity.

- b. The speed of industrial, technological, and social change tends to make skills and knowledge rapidly obsolete.
    - (1) The media have used the term “Detroit syndrome” to describe older people in terms of the obsolescence that exists for cars.
    - (2) When younger, stronger, faster workers with newly acquired knowledge are available, employers tend to replace, rather than retrain, the older worker.
    - (3) Within the workforce, older persons are considered a surplus population who suffer the potential for being managed like surplus commodities: devalued and discounted.
  - 2. Social change can create a generation gap that contributes to ageism.
    - a. Rapid social change can cause generational differences in values.
    - b. Those who grow up in a given time period may have interpretations of and orientations toward social issues that differ from those of an earlier or later generation.
    - c. Ageism appears in the many euphemisms for old age and the desire to hide one’s age.
      - (1) Fear of aging shows when men and women want to keep their age a secret: they hope to project by their appearance a youthful image.
      - (2) Many counselors recognize an “over 39 syndrome” when young adults come to terms with the fact that youth does not last forever but blends gradually with the responsibilities of maturity.
      - (3) Fear of aging can damage psychological well-being and lead us to shun older people.
  - 3. Alex Comfort describes two kinds of aging:
    - a. Physical, which is a natural biological process.
    - b. Sociogenic, having no physical basis, is imposed on the elderly by the folklore, prejudices, and stereotypes about age that prevail in our society.
  - 4. Ageism has become institutionalized in many sectors of our society:
    - a. In our laws, particularly those dealing with employment, financial matters, and legal definitions relating to competency as an adult.
    - b. Generational differences in individuals’ incomes, occupation, and education among the generations.
      - (1) Newer generations receive an education attuned to a highly technical and computerized society, making them more qualified for such jobs.
      - (2) Elders are easily left behind on the information highway as the high-tech knowledge of those in younger age groups rises.
      - (3) Income inequality is also caused by age discrimination in employment.
  - 5. The critical perspective in gerontology addresses broad and fundamental structures of U.S. society such as the age roles.
    - a. It is the most radical sociological approach in its suggestions for completely new structures to replace failing ones.
    - b. Gerontologists make use of this perspective to understand the broad political, social, and economic content in the problems of aging.
  - 6. The negative stereotype of older people as dependent and helpless is not productive to the mission of understanding social issues and problems salient among America’s elderly population.
    - a. We need to understand both the strengths and weaknesses of older people.
    - b. We need to identify and support institutions and social structures that encourage strength and self-reliance.
- C. Ageism Yesterday: The Early American Example
1. According to David Fischer, author of *Growing Old in American* (1977), the power and privilege of old age were deeply rooted in colonial times, when age, not youth, was exalted.

- a. To be old was to be venerated by society and to be eligible for the most important positions in the society.
    - (1) Meetinghouse seats were assigned primarily by age, and the elderly sat in the positions of highest status.
    - (2) Community leaders and holders of political office tended to be older men.
    - (3) The elderly were honored during ceremonial occasions.
  - b. Older adults were believed to be in favor with God.
    - (1) Their older age was thought of as a sign they would be called or elected to heaven.
    - (2) The Puritans pictured Jesus as an old man.
  - c. Respect for age was evident in manner of dress.
    - (1) Older men or women whose attire was youthful exposed themselves to reproach.
    - (2) The styles made men appear older than they were.
  - d. American literature emphasized respect for old age from the 1600s until after the American Revolution.
  - e. Census data shows that in the 1700s, individuals tended to report themselves as older than they were; a trend reversed in the 1800s.
  - f. The tradition of respect for the elderly was also rooted in legal and financial reality.
    - (1) The elders owned and controlled their own land, which did not pass to their sons until they died.
    - (2) The young thus had financial reason to show deference to their fathers.
2. Negative effects on the elderly in early America
    - a. Financial and political power was held only by a very few during colonial times: older lower-status immigrants and minorities, certainly African Americans, had difficult times; many were indentured servants or slaves.
    - b. Most old people suffered from health problems that medical science was unable to cure or alleviate.
    - c. Relationships between youth and elders were distant and formal, and the old suffered loneliness in their elevated positions.
    - d. Other authors indicate that many not-so-well-to-do elderly were viewed with scorn and contempt.
  3. The 1800s altered the system of age relationships in a negative way, leading to social problems for the aged.
    - a. The most fundamental change was in political ideology.
      - (1) The principles formulated in the Declaration of Independence became stronger: equality for all in legal, social and political matters.
      - (2) This trend eradicated the hierarchy of age and, hence, the respect automatically accorded the old.
      - (3) A study of word origins shows that most of the negative terms for old men first appeared in the late 1700s and early 1800s.
    - b. The preeminence of religious elders waned as doctors and other technologists began to replace preachers as the custodians of virtue and learning.
    - c. The United States became more industrialized.
      - (1) In the 1800s, the city became a means of escape from both farming and parental control.
      - (2) Urban and industrial growth led to diminished parental control over family, wealth, and possessions.
  4. The older population grew rapidly during the 1800s and 1900s because of advances in medical science.

- a. Retirement became more common; however, many older people who retired had no source of income and were often neglected.
- b. Old age became a burden to those who lived it and a social problem to those who analyzed it.
- 5. Fischer divided U.S. history into two general periods:
  - a. 1600-1800: an era of growing gerontophilia: old age was more often honored and obeyed.
  - b. 1800-present: an era of growing gerontophobia: glorification of youth instead of age, and the elderly often became victims of prevailing attitudes and social arrangements.
- 6. We may eventually enter a new period of age relations with a goal of creating a fraternity of age and youth in which differences between age and youth are recognized and respected without being organized into a system of inequality.

### **VII. The Aging Revolution: Demographics of Aging**

- A. Increasing numbers of aged both in the United States and internationally
  - 1. The population of Americans age 65 and older has greatly exceeded the growth of the population as a whole.
    - a. The total number of people in the U.S. has tripled in the past century.
    - b. The number of people aged 65-75 is 10 times larger, aged 75-84 is 17 times larger, and those aged 85+ is 45 times larger than in 1900.
  - 2. The elderly population is growing older.
    - a. Between 2000-2010, the population over age 65 increased 15%
    - b. The “oldest old” (85 years and older) are the most rapidly growing age group among those over 65.
      - (1) One in eight were 85 or older, compared with one in 20 in 1950.
      - (2) While people 85 or older made up only 1.5 percent of the total U.S. population in 2000, they were about 12 percent of all of those Americans over age 65.
      - (3) The oldest old are the group that requires the largest number of services to remain viable in their homes and communities.

### **VIII. Global Aging**

- A. There has been a dramatic increase in the proportion of elderly internationally
  - 1. The most populous countries in 3014 were: China, India, United States, Indonesia and Brazil
  - 2. However, the projections for 2054 indicate the countries that will have the largest older population are: India, China, United States, Indonesia and Pakistan
    - a. China and Indonesia have restricted birthrates, so older population will be larger than upcoming younger population.
    - b. India, while largely populated, is a younger country with higher birthrates, but higher mortality rates among adults
  - 3. Population changes influence global economy.
    - a. Internationally, in 2009, the world population of 65+ was 518 million, projected to increase to 1.6 billion by 2050
    - b. Internationally, the population of elderly is projected to be women
- B. Two major reasons for the increasing proportion of older people are increased life expectancy and a declining birthrate.
  - 1. Increased life expectancy
    - a. Demographic Trends
      - (1) Life expectancy in the U.S. consistently increased throughout the 19<sup>th</sup> and 20<sup>th</sup> centuries.

- (2) The proportion of the population age 65 and over increased more than tenfold from 1900 to 2000.
  - (3) 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.
  - (4) Overall, estimated life expectancy in 2000 was just over 77 years compared to 1920, when white males could expect to live to 54 and white females, 56.
- b. Racial differences exist in longevity patterns
- (1) White males live more than six years longer than African American males, whose life expectancy in 1995 was just over 65.
  - (2) The life expectancy of African American females in 1995 was 74.
- c. Gender differences in longevity patterns
- (1) The mean life expectancy today of women at age 65 is another 20 years.
  - (2) Women at every age, regardless of race or ethnicity, have longer life expectancies than do men, though this discrepancy has decreased in the decades of 1990 and 2000.
    - (a) Among all people over 65 years of age in 1990, there were 67 men per 100 women; by 2000, there were 70 men per 100 women.
    - (b) In the age category 75 to 84, the number of men per 100 women shifted from 60 to 65.
  - (3) The largest increases in the male-to-female ratios from 1990 to 2000 occurred in the age group 55 and over.
  - (4) Still, in 2000, there were 14.4 million men and 20.6 million women age 65 and over, underscoring the reality that older women are more likely to live without a life partner than older men.
- d. The longer a person has lived, the greater is that person's statistical life expectancy.
- (1) The reasons for this are that members are selected for survival based on their resistance to common causes of death.
  - (2) Genes probably affect longevity by altering the risk of death at different ages, rather than by determining age at death—our genetic programming determines level of protection against mortal illness rather than setting age at birth.
- e. Both genders' life expectancies have increased considerably over the last several decades due overwhelmingly to changes in environmental factors that result in death, rather than factors intrinsic to the aging process itself.
- f. In addition to genetic factors, central predictors for a long life are:
- (1) Being near an ideal weight for one's stature
  - (2) Having low blood pressure and low cholesterol
  - (3) Not smoking
  - (4) Consuming alcohol moderately
  - (5) Exercising vigorously four to five times a week
  - (6) Eating a healthy diet
  - (7) Living a relaxed and unstressed life style
- g. Leading causes of death of older Americans:
- (1) Heart disease remains the leading cause of death; however, the proportion of deaths due to coronary heart disease has fallen in the past 10 years.
    - (a) The age-adjusted death rate for coronary heart disease declined by 16 percent from 1987 to 1993.
    - (b) The death rate for stroke dropped by 12 percent.

- (2) Cancer is responsible for one-third of the deaths of those between the ages of 65 and 75, especially among African Americans.
  - (3) Gender differences in causes of death
    - (a) The top causes of death kill more men than women.
      - i. Heart disease, lung cancer, homicide, suicide, accidents, and cirrhosis of the liver all kill men at more than twice the rate of women.
      - ii. Each of these causes of death is 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.
    - (b) Men suffer three times as many homicides as women and have twice as many fatal car accidents (per mile driven) as women.
      - i. Men are more likely than women to drive through an intersection when they should stop and are less likely to signal a turn.
      - ii. Men are more likely than women to drive after drinking alcohol.
    - (c) Women also seem to have a genetic makeup, chromosomal or hormonal differences, that programs them to live longer.
      - i. Elderly women outnumbered their male counterparts in 1994 by a ratio of three to two—20 million to 14 million—and the difference grew with advancing age.
      - ii. A consequence of this gender discrepancy is that elderly women are much more likely than men to live alone: 8 out of 10 noninstitutionalized elderly living alone in 1993 were women.
  - (4) The leading causes of death for men and women over age 65 have remained stable since the mid-1990s.
    - (a) Ranked in order from most to least common, they are: 1) diseases of the heart; 2) malignant neoplasms (tumors); 3) cerebrovascular disease (stroke); 4) chronic obstructive pulmonary disease; 5) pneumonia and flu; 6) chronic liver disease; 7) accidents; 8) diabetes; 9) suicide.
    - (b) Men have higher death rates in all the categories except diabetes.
2. Decreasing birthrate
- a. When the birthrate declines, the number of young people decreases in proportion to the number of old people.
  - b. Statistical trends
    - (1) The birthrate has gradually declined since public record keeping began in the 18<sup>th</sup> century.
      - (a) A baby boom in the 1940s and 1950s increased the birthrate temporarily but did not reverse its long-term trend.
      - (b) In 1972, there was 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.
      - (c) The birthrate then dipped lower until it rose slightly in the early and mid-1980s.
      - (d) In 1991, the birthrate evened out at 2.1 children per couple.
    - (2) If the U.S. maintains a lower birthrate, the proportion of older people will further increase if there is no increase in the total population.
    - (3) The post-World War II baby boomers of 1946-1964 are one of our largest age groups.
      - (a) Now in midlife, this age group will begin to reach age 65 in 2011, massively increasing the over-65 population.

- (b) If we assume continued low birthrates and further declines in death rates, the older population numbers will double and their percentage of the population will be over 20 percent by 2030.
- C. Controversy over whether medical science can further extend life-expectancy at birth to over 85 years.
  - 1. In the past 125 years, the life-expectancy of Americans has almost doubled—from 40 to nearly 80—due mostly to reducing deaths of young children (particularly infants) and of mothers in childbirth.
  - 2. The population that is presently the oldest-old had unique life experiences.
    - a. They survived infancy when the infant mortality rate was about 15 to 20 times the present rate.
    - b. They survived the infectious diseases of childhood when medical practice had little to offer.
    - c. They survived at least one world war.
    - d. The females survived childbearing at a time when the maternal mortality rate was nearly 100 times its present level.
  - 3. The next generation of elderly will have lived their adult years with many more advantages, so mortality rates will continued to be lower in later life, but that does not appear to change the maximum human life span which seems to have fixed limits.
  - 4. Some experts believe that the period of rapid increases in life expectancy has come to an end.
    - a. 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 improbably or long, slow processes.
    - b. Although they agree that eliminating cancer, heart disease, and other major killers would increase life expectancy, cures for these diseases are not in sight.
  - 5. Other experts are more positive.
    - a. A study reported in 1990 predicted that Americans could live to age 99 if they quit smoking, drinking alcohol, and eating high-cholesterol foods.
    - b. Populations with low-risk lifestyles, such as Mormons in the U.S., already have achieved life spans exceeding 80 years.
- D. Human life spans
  - 1. Documented evidence
    - a. The longest documented human life span on record is that of Jeanne Calment, a French women who lived to be 122.
    - b. There are generally accepted historical records of people who have died between 110 and 120, but few are extensively documented.
    - c. The most extreme claims come from populations with the least reliable records.
  - 2. There is no evidence, current or historical, that there has been a change in the rate of aging; increases in life expectancy have been driven overwhelmingly by reductions in environmental causes of mortality.
  - 3. It appears that the maximum life span has not increased, but the mean life span in developed countries has done so tremendously.

## **IX. Our Aging Nation**

- A. Regional differences
  - 1. The Midwest has the largest number of counties with higher than national average proportions of people over 65.

2. The western areas of the country has the lowest number of counties exceeding the national average.
- B. State differences
1. Although California has the largest number of citizens over 65, Florida, a retirement haven, has the highest proportion of over-65 in the nation at 17.6 percent.
  2. 14 percent or more of the total population falls into the over 65-age category in: North and South Dakota, Pennsylvania, Rhode Island, Iowa, Arkansas, and Maine.
- C. Migration as a cause of regional and state differences
1. The elder population can increase by virtue of in-migration of elders to retirement communities (e.g., Florida, Arkansas, and Arizona).
  2. The proportionate elder population can increase by outmigration of younger citizens, as in some Midwestern states: in many farm belt states, younger people are leaving farms for jobs in cities, whether in the same state or not.
- D. Social implications of these demographic differences
1. The increasing percentage of older people means that more and more families will be made up of four generations instead of two or three.
  2. 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, although these differences balance out somewhat as people age.
  3. In the next 20 years, more children will grow up with the support of older relatives, and more people in their 60s will care for 80- and 90-year-old parents.
  4. Population pyramids portray the effects of a population's age and gender composition on the structure of a nation's population.
    - a. The effect of the boomer cohort on the U.S. population appears as a bulge in the middle of the pyramid in 1997, a squaring off of the population in 2025, and a startling increase in the over-85 population in 2050.
    - b. Due to lower birthrates and lower death rates in 2050, there will be fewer young people and more older people which reshapes the pyramid into a more boxlike image, illustrating the more balanced proportion in the population of each of the age cohorts.

## **X. Our Aging World**

1. The needs of a society change with a changing age structure, as social policy must direct national resources to various segments of the population.
2. The shape of the population pyramid for a less developed country is a large base, indicating high birthrates, and a small top, indicating a high death rate with few people surviving into old age.
  - a. This pyramid was typical of the United States as a developing nation in the 1800s.
  - b. Countries with this pyramid form have difficulty caring for all their young, and, as a result, social policy is directed toward youth.
3. Developed countries throughout the world are also experiencing an aging boom.
  - a. Countries such as Sweden and Japan have an even higher proportion of elderly than the U.S.
  - b. They have achieved virtual zero population growth and would eventually have a stationary or boxlike pyramid.
4. As the population in developed countries shifts in age, housing, health care, education, and other services for elders must be balanced with services targeting younger age groups.

## **XI. Ageism in the Future**

- A. For many decades, our society has suffered from gerontophobia: the fear of growing old or fear or hatred of the aged.
  - 1. As a nation, the U.S. clearly identifies as youth oriented.
  - 2. Respect by the young for the old is not deeply embedded in our society.
- B. Some people view the increasing number of older adults as a burden on society, referring to the economic burden of providing care for unemployed elders who depend on society for financial aid.
  - 1. The number of people age 65 and older relative to the working population (those 18 to 64) is called the old-age-dependency ratio.
    - a. If the population age 65 and older grows faster than the working population, the cost to the taxpayer of providing for the elderly population rises.
    - b. The ratio of elders to the working population has increased steadily, so there are proportionally fewer employed people to support older retired people today.
      - (1) In 1910, there were 10 working people per older person; in 1980, 5 or 6.
      - (2) If the trend continues, by the 2010, a ratio of 0.22, or about 4.5 workers per retired person, is expected.
  - 2. The larger the proportion of seniors in the population, the more Social Security and Medicare payments, and, consequently, higher taxes are required.
    - a. Social Security taxes have slowly increased over the years, and one reason is the increase of retirees in the system.
    - b. 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.
- C. Some gerontologists believe that we have become an age-segregated society—with separate schools for the young and separate retirement communities for the old—which generates misunderstandings and conflicts.
- D. Other gerontologists maintain that ageism is declining.
  - 1. The image of older persons is improving due to the improved health of seniors and to retirement communities composed of increasingly younger retirees who seem content.
  - 2. The increasing number of elders may be leading to a psychological shift away from a youth-oriented culture and toward a more life-course-inclusive identification.
- E. A marketing experts, believe that the increasing number of older persons is eroding the youth cult.
  - 1. The baby boomers of the 1940s, 1950s, and 1960s had a major impact on the economics and consumerism of the 1980s: young adults of the 1980s prospered thanks to a relatively inexpensive college education and the economic expansion of the times.
  - 2. The same baby boomers will age in unprecedented numbers and continue to influence our lifestyle and economy.
  - 3. As boomers make demands on the market, our nation will modify our culture to accommodate an older population—from changing how long it takes a traffic light to turn from green to red, to modifying clothing styles, to increasing services at airports.