Chapter

2

SOCIAL GERONTOLOGY

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Life is not a journey to the grave with the intention of arriving safely in a pretty and well-preserved body, but rather to skid in sideways, thoroughly used up, totally worn out, and loudly proclaiming, "Wow—what a ride!"

—Author Unknown

Chapter Outline

Behavioral Objectives

Upon completion of this chapter, the reader will be able to:

1. Define *gerontology* and how it differs from *geriatrics*.
2. Explain why taking a biopsychosocial perspective to understanding aging is important.
3. Define *ageism*.
4. Identify common myths about aging.
5. Discuss *infantilizing* and why it is harmful to the health and well-being of older adults.
6. Describe how older adults are portrayed in the media and how that influences social thinking about older adults.

7. Describe the diversity found in the lifestyles of older adults.
8. Describe some of the social roles adults might hold in later life.
9. Describe the challenges faced by grandparents raising grandchildren.
10. Identify major sources of income for older adults.
11. Describe how different ethnic groups treat older adults.
12. Identify strategies associated with a successful retirement.
13. Identify reasons why health promotion and disease prevention programs are beneficial to aging individuals.

Key Terms

AARP	Long-term care insurance
Ageism	Myths about aging
Biopsychosocial	Older adult
Caregiver	Older Americans Act
Discrimination	Polypharmacy
Fictive kin	Retirement
Geriatrics	Sandwich generation
Gerontology	Senior Service America
Gray Panthers: Age and Youth in Action	Senior Volunteer Corps
Healthy People 2010	Social roles
Infantilizing	Social Security
Long-distance caregiver	Stereotypes

GERONTOLOGY

The aging process begins the moment we are born. As we age, our bodies and minds grow, develop, and mature. During childhood, the course of our development is influenced by many factors including our personal characteristics, our family background, how we are raised, where we grow up, and who raises us. Similarly, our development throughout adulthood continues to be influenced by our health, attitude, and behaviors and our interactions with family, friends, and the environment around us. Therefore, it is shortsighted to limit discussions about aging to matters of physical health and decline. Aging is a complex process influenced by many other personal and social factors.

Gerontology is the scientific study of aging that examines the biological, psychological, and sociological (**biopsychosocial**) factors associated with old age and aging. The factors that affect how we age are broad in scope and diverse: biological factors include genetic background and physical health; psychological influences include level of cognition, mental health status, and general well-being; and sociological factors range from personal relationships to the cultures, policies, and infrastructure that organize society.

Although sometimes confused with the term *gerontology*, **geriatrics** is a medical term for the study, diagnosis, and treatment of diseases and health problems specific to older adults. Geriatricians (medical doctors who specialize in geriatrics) increasingly recognize the importance of social and psychological influences when treating patients. In this chapter, key issues in gerontology are presented to facilitate your understanding about the lifestyles of older adults and how they may influence health status.

In the field of social sciences, the term **older adults** is used to describe people age 65 years and older and is the preferred term when speaking about aged individuals. The term *patient* is medically oriented and can refer to a person of any age. The term *elderly* has the social connotation of being white haired and medically fragile. Because many people age 65 and older do not have gray hair and live vibrant healthy lifestyles, the term *older adult* has a more positive connotation and therefore is preferred and used in this chapter.

HISTORICAL PERSPECTIVES ON AGING

Throughout history, older adults have been generally valued for the experience, insight, and wisdom they can share with others. Leadership is frequently bestowed upon older adults because of a social belief that wisdom and experience are acquired over time. However, conferring respect and responsibilities to older adults has not always been con-sistent. It tends to occur more in preindustrial or agrarian societies where families are intergenerational and members are dependent on one another for survival and support. For example, in 2004, hours before a tsunami in the Indian Ocean reached the shore, villagers from small fishing communities followed the leadership of their village elders and fled to safety. The suggestions of the elders were followed because the elders held the respect of the others and possessed the ability to interpret environmental cues that signaled impending danger, cues that were passed down to them from village elders long ago.[1]

In industrial societies, older adults are generally less valued than they are in agrarian societies. During the 20th century, as industrialization in the United States expanded, family members became less dependent on each other for support, frequently leaving older adults to manage for themselves, many in poverty. In 1964, President Johnson launched the War on Poverty, which fought for the development of rights, opportunities, and social services for all poor Americans to help lift them out of poverty. From this initiative, the **Older Americans Act** (OAA) of 1965 was passed into legislation specifically to address the needs and rights of older adults. The OAA continues to be reauthorized and is expected to be reauthorized indefinitely. It is one piece of legislation that represents the United States' commitment to promoting the rights and welfare of older adults.

AGEISM

How we treat older adults is influenced by many social factors including our personal assumptions, expectations, and fears about growing older.[2] Fears about aging are generally

based on a lack of understanding about the aging process. Unfortunately, many people believe that old age equates to physical disabilities, poor health, the inability to think clearly and quickly, and having a negative outlook on life. These inaccurate assumptions are examples of **ageism**, that is, systematic labeling and **discrimination** against people who are old.

Ageism is based on stereotypes, **myths about aging**, and language that conjures up negative images of older adults. Ageism is to old age as racism is to skin color and sexism is to gender. Ageist thinking is detrimental to society and can result in limited opportunities (e.g., employment and workplace discrimination) and reduced access to resources (e.g., health care discrimination) for older adults. In its worst form, ageism leads to elder abuse, mistreatment, and neglect.[3]

AGEIST STEREOTYPES

Ageist comments often place older adults into set roles or categories, called **stereotypes**. Older adults are sometimes viewed as senile, rigid in thought and manner, with old-fashioned morality and skills. Similarly, older adults are also portrayed as eccentric or overly happy about life, perceiving it as rosy and carefree. When members of a younger generation see ageism in their own families and communities, they are likely to engage in ageist practices and thoughts. That is, they begin to believe that older adults are different, and they may eventually cease to view them as worthy human beings.

Ageist attitudes permeate all facets of society, especially when money is involved. Negative connotations about older adults being "greedy geezers" first surfaced in a March 1988 issue of the magazine *The New Republic*. In that issue, older adults were described as wealthy with financial and social advantages, yet eager to siphon public money (i.e., **Social Security**) that should be dedicated to poor and needy children.[4]

However, over the last 50 years there has been some gradual improvement in attitudes toward older adults in the United States, thanks to greater public education and awareness, the OAA, increased media attention, and the appearance of more positive role models, especially in movies such as *Driving Miss Daisy, Young at Heart,* and *Cocoon*. This, however, has done little to reverse the deeper undercurrents that run below the surface of ageism. Some people continue to view older adults as drains on public resources.

MYTHS ABOUT AGING

Older adults are not homogenous. They do not all look, think, or act alike. Older adults are as unique as younger adults are. Therefore, making blanket assumptions and generalizations about older adults based on knowledge about a few perpetuates myths. Following are some examples of myths that continue to promote ageism. Although the statements may be accurate for some individuals, they are not true for all older adults[3,5]:

Myth 1: Older adults are either very rich or very poor.
Myth 2: Older adults are senile (have defective memory or are disoriented or demented).

Myth 3: Older adults are neither interested in nor have the capacity for sexual relations.

Myth 4: Older adults are miserable and unhappy with the state of their lives.

Myth 5: Older adults are very religious.

Myth 6: Older adults are unable to adapt to change.

Myth 7: Older adults are unable to learn new things.

Myth 8: Older adults generally want to live in nursing homes.

Myth 9: Older adults urinate on their clothing.

Myth 10: Older adults tend to be pretty much alike.

AGEIST LANGUAGE

Ageist language is also a problem for older adults. Many negative terms are commonly used to describe older adults without much thought or understanding of how these terms hurt and degrade the individual. Some ageist terms you may have heard before include the following:

Geezer	Old duffer	Biddy	Old buck
Hag	Dirty old man	Fossil	Blue hair
Little old lady	Q-tip	Old coot	Old battleax

Boroi (Japanese slang meaning old and worn)

Phrases frequently used to disparage older adults or used in general discussions about aging include these:

Over the hill	Out to pasture	Gone senile	One foot in the grave
Old school	Older than dirt	Ol' man _____ (fill in name)	

AGEIST ATTITUDES OF HEALTH PROFESSIONALS

Unfortunately, health professionals, like the rest of the society, sometimes promote ageist attitudes in the way they treat older adults.[6,7] Those who view older adult patients sympathetically as "poor old dears" who can do little to care for themselves are actually placing little value on older adults' abilities. Referring to an unfamiliar older patient as "honey" or "dear" carries a negative connotation. This **infantilizing** of older adults encourages dependency because it devalues the individual and does not foster independence. Although those are more subtle aspects of ageism, they are not person-centered and should be avoided.

Other ageist terms used by medical professionals to describe patients in conversation or noted on medical charts include the following[8]:

"The wheelchair (or the stroke or other condition) in room number _____ . . ."

MFPB (Measure for pine box)	Bed blocker	TMB (Too many birthdays)
VAC (Vultures are circling)	GOMER (Get out of my emergency room)	

Research has shown that health care professionals are significantly more negative in their attitudes toward older patients than they are toward young patients.[7] Although not appropriate, their negative attitude can arise from one or more of the following:

- A need to justify why the medical needs of the older adult were not addressed or met
- Feelings of frustration about not being able to manage the demands of the job
- Feelings of helplessness from not being able to save or cure patients' medical problems
- Increased awareness or reminder of one's own life and mortality

Awareness is the first step in overcoming an ageist attitude. To avoid making ageist comments and remarks as a health care professional, it is important to recognize and explore personal feelings and attitudes about growing older. Stopping the spread of ageism is everyone's responsibility and starts with each individual.

THE MEDIA'S ATTITUDE TOWARD OLDER ADULTS

The media regularly perpetuate the stereotypes of older adults through inaccurate and sometimes demeaning portrayals of older adults in print, advertising, and entertainment. This is puzzling considering that older adults have the ability to purchase the products supporting the media, and thus should be able to facilitate change in the industry. Yet limited efforts have been made to alter how older adults are depicted in the media. Perhaps as more members of the baby boom generation age, positive changes will emerge.

The entertainment media play a major role in perpetuating age stereotypes. Frequently, older adults are portrayed as "more comical, stubborn, eccentric and foolish than other characters." They are also often depicted as "narrow-minded, in poor health, foundering financially, sexually dissatisfied and unable to make decisions."[9] Movie scripts tend to characterize older adults only when they are reclusive (*Finding Forrester*), dying (*The Notebook*), or facing their own mortality (*The Bucket List*). It is uncommon to watch older adult characters on the big screen portraying everyday people (*Return to Me*) in a manner that does not romanticize their lives (*Cocoon*) or portray them as behaving comically (*Grumpy Old Men*).

Television show scripting is no different. Although we do see older adults on special programming, it is unusual to see a realistic portrayal of an older person on a television show. Again, this programming decision is puzzling considering that television shows are targeted for specific demographic audiences who are apt to buy the sponsors' products. Older adults watch television more than any other age group and generally have the discretionary income to buy the products advertised during commercials. Yet limited efforts have been made to accurately depict the lives of older adults on television.[9]

Print and television advertisements tend to portray older adults at their worst—when they have some kind of physical ailment or have the desire to look and feel younger.

We see older actors in commercials for laxatives, skin moisturizers, gas elimination medications, analgesics, and hair coloring products, just to name a few. This would not be as detrimental to the image of the older adult if we also saw older adults in other types of commercials advertising general-use products. In 2007, Unilever launched an international campaign for Dove pro·age products featuring women age 50 and older as models in their commercials.[10] Their customers expressed a desire to see the bodies of everyday women represented in the commercials rather than the lithe figures of younger women. Unilever agreed and launched its successful beauty product campaign with the attitude that aging is a positive experience and should not be viewed negatively or driven by fear. However, the ads do not feature women over age 65. Our society may be making steps in the right direction, but we have yet to move enough to erase the face of ageism.

SOCIAL ROLES IN LATER LIFE

Social roles are important ways of identifying and defining members of every society. Roles define an individual's position in the community and dictate basic behaviors within social groups such as families, workplaces, and communities. They also validate a person's existence in society. Some social roles remain with us throughout our lives (e.g., father, cousin, grandmother) whereas other roles change or transform as different levels of accomplishment or development are reached. For example, individuals may transition from being a student to a teacher or from a worker to a retiree. In later life, social roles are more apt to remain in place. Older adults continue to be sisters/brothers, parents, neighbors, club members, and citizens of communities. However, their participation in those roles is generally dependent on their health status, financial resources, and mobility in the community. It is important to note that older adults can and will continue to participate in many of their social roles, even when faced with diminished capacities.[11]

One change in social role frequently faced by older adults occurs with **retirement**. Adjusting to the change in social status that results from leaving the workforce can be difficult. By the time most older adults are ready to leave their position in the workplace (regardless of position held) they have reached positions that have earned them respect, provide a regular income, and offer a social network of friends, colleagues, and acquaintances. Transitioning from a position of daily recognition and involvement to one with limited recognition and possible isolation from others can be psychologically difficult.[12] Studies have outlined several strategies for transitioning to retirement, which are identified later in this chapter. Adjusting to the lifestyle changes resulting from retirement can be easier with planning and preparation.

Becoming a **caregiver** for a family member or friend is a social role most of us do not think about until we find ourselves in the midst of providing care. Caregiving responsibilities can emerge slowly or begin suddenly after an illness or accident. Sometimes the need for assistance occurs so slowly that neither the caregiver nor the care recipient

recognizes the full extent of decline over time.[13] For many older adults, providing care for a spouse gradually increases with time and becomes a full-time job before other family members are aware of the situation.

One reason many people are not ready to take on the role of caregiver is that many older adults have a strong desire to remain independent and are unwilling to relinquish their roles and responsibilities to another, even when they recognize that they need help. Many are quite adamant about not accepting support until they reach a point when they cannot function without help. At that point, adult children generally intervene, although most are ill prepared to take on the role of caregiver. Although each family is different, research has found a common pattern to providing care within the United States. In general, older adults depend on their oldest daughter (or daughter-in-law) for assistance with activities of daily living and rely on their eldest son for support with financial and estate matters.[14] This does not mean that others will not be asked to help or will not offer to help. It simply means that, culturally, older adults in the United States expect assistance in particular from these offspring.

In the past few years, more attention has been placed on the phenomenon of grand-parents raising grandchildren. In 2007, it was estimated that 1.4 million grandparents had full-time caregiving responsibilities rearing grandchildren under the age of 18.[15] The benefits to engaging in this role are discussed in a later section. The role of becoming a surrogate parent can be very demanding on an older adult. Being active in a child's life requires engaging in all aspects of the child's life and associating with teachers and parents who are much younger. When combined with a fixed retirement income, the social stigma of the parent's problem and inability to parent, and the development of a parental rela-tionship between the grandparent and the child, the new social role can become quite challenging and stressful.

CULTURAL PERSPECTIVES ON CAREGIVING AND OLDER ADULTS

Most Western societies, including the United States and western Europe, stress individual-ism (that is, the needs of the individual are addressed before the needs of the group). Other cultures, such as those in Asia and the Pacific Islands, are collectivist societies; that is, members place the needs of the family or collective group (which may be an intergen-erational family) before the needs of the individual. Differences between individual and collective perspectives naturally inform how groups perceive older adults and place respon-sibility for providing care and support. Understanding how groups differ can assist in the planning and provision of effective health care services, no matter where the care is provided.

In an individualistic society, older adults are generally free to remain living indepen-dently and managing life as they see fit as long as they can afford it and they are not placing themselves or others in immediate danger. In a collectivist society, the resources of the older adults are pooled with other family resources. The activities of daily life are

shared rather than lived separately. As a result, living expenses are reduced because the older adult lives with other family members. Examples of collectivist responses to caring for older adults follow.

In India, when an aging parent joins a younger household, he or she is welcomed as a member of the household. Even though the household may not have planned to include the older adult, the family members willingly make accommodations for the aging family member.[16] In a Filipino household, the youngest daughter is expected to care for the older adult at home until she married, and then the older adult moves with her to her husband's home.[17]

Some ethnic groups revere elders as authority figures who reside in positions of power within the family and community. Other ethnic groups take an almost opposite view and see older adults in terms of added responsibility, if not burden, to family and society.

The social role of the older adult within the household varies according to the society's views. In Vietnamese culture, a grandparent shares household authority with the father of the household. His or her place in the family is highly regarded.[18] In contrast, in the old Athabascan Indian culture in Alaska, older adults were seen as burdens—a drain on food and resources in the harsh and demanding climate. Older adults were expected to contribute as much as possible until the day came when the chief of the tribe would leave them to die in the wilderness in an effort to preserve resources for the healthy and strong members of the tribe.[19]

Family life and a respect for the knowledge and wisdom of the elder are central to Asian culture. This has, however, decreased somewhat in the Asian American population with modernization and assimilation into American society. However, Asian cultures remain strongly collectivistic and believe family life is central to their existence.[20,21]

Whereas collectivism may appear to be an effective approach to managing family and social resources, it is not very beneficial to people with disabilities. In general, people with disabilities are viewed as an embarrassment to the family because they are not strong enough to contribute their fair share. Often the disabled are disowned, abandoned, and end up begging on the street. This increases the collectivist society's disdain for them. This mindset can be applied to people with physical problems, mental health problems, and fragile older adults. Individuals with special needs do not have strong support from within a collectivist society to lead a productive and successful life.[16]

In the United States, our strong belief in individualism has resulted in legislation that has protected the rights of people with disabilities (e.g., the Americans with Disabilities Act) and provides accommodation for people with physical and mental health needs in communities and the workplace. Coupled with legislation through the OAA, significant strides continue to be made to ensure that older adults are legally protected to lead full and productive lives.

A great deal of research has been conducted in the United States on family dynamics and the roles and responsibilities of family members. The United States has become a mobile and independent society where intergenerational households and the reliance on

family for support are no longer assumed the norm. However, studies indicate that African Americans tend to maintain extensive kin networks that continue to provide help, especially to young family members and neighbors. Community institutions, including the church, are also viewed as very important sources of physical and emotional support.[22] Likewise, Mexican Americans, who make up 9% of the U.S. population,[23] maintain close family relationships that promote family solidarity. They have more contact with their children than their white counterparts do.[24] As the baby boom generation ages beyond 65 years, additional studies will need to be conducted to specifically address how different ethnic groups are coping and meeting the needs of their aging parents.

SOCIAL RELATIONSHIPS

Older adults continue to engage in social relationships throughout later life, although relationship patterns undergo change. As personal health declines, the ability and opportunity to socialize are reduced, resulting in fewer numbers and types of relationships. Studies have shown that as we age and our health declines, we deliberately let go of some of our relationships, retaining only the ones we know we can maintain.[25] We do this because we recognize that relationships should be reciprocal, and we no longer have the ability, energy, or resources to provide the other person with the support he or she needs. The people we choose to retain in our social circle are family members and friends, the people we hold very dear and have generally known for a long time.[26]

Numerous studies have also shown that socialization is important to an individual's physical and psychological well-being and does not diminish with age.[27] Older adults are no different from younger adults when it comes to wanting to engage in relationships, although the level of engagement and the type of engagement may vary. Again, opportunities to engage and the ability to meet others influence relationship development.

Social networking through use of the Internet is booming among older adults. E-mail has replaced handwritten letters and phone calls for many older adults wanting to keep in touch with family and friends. Many older adults and their families believe that e-mail has brought them closer and more in tune with each other's lives. (See **Figure 2-1**.) Chat rooms and online dating services have also emerged as technology has enabled older adults to connect with each other for companionship and love.[28] For older adults who have never used a computer, learning to operate one may be initially challenging. However, many community centers provide periodic classes on how to send e-mail, surf the Internet, play computer games, and use basic computer programs.

The following sections provide some insight into different types of social relationships held by adults in later life.

The Aging Couple Like other adult couples, some older adults have been married or in a committed relationship for decades, whereas others have more recently become a couple later in life. (See **Figure 2-2**.) Older men who find themselves single in later life generally

FIGURE 2-1   E-mail is any easy way for older adults to maintain communication with family and friends. (*Courtesy of C. Ernest Williams.*)

have no problem finding a female companion because, statistically, women outlive men. The U.S. Census reports that by age 85 there are 100 women for every 49 men.[29]

Relationships that have endured into old age have probably experienced and overcome many challenges and crises. Health problems aside, one of the earliest challenges faced in later life occurs around the transition into retirement. For some, it is a time of deep soul searching, redefining social roles, and wondering what the future of the relationship will

FIGURE 2-2   Expressions of love and affection. (*Courtesy of Theodore N. Brossoie.*)

be like.[30] When children leave home and people transition out of jobs, their roles change and they are faced with establishing new roles for themselves and with their partner. If a couple successfully weathers these challenges, their feelings for each other can actually become enriched and strengthened. However, problems can arise when each person experiences this internal struggle at different times. For example, if one person is ready to retire while the other one is not, or one wants to sell the family home and move to a warmer climate and the other does not, problems in the relationship often arise. In response, some couples spend considerable time reflecting on the value, purpose, and usefulness of their relationship during this stage of life. For many, this is just another one of life's challenges that they will share and work through together. Others, however, will see it as a reason and opportunity to dissolve their relationship.

Many other couples are simply not destined to grow old together. Maybe they have stayed together for the sake of the children, or perhaps they became absorbed in work or other activities over the years so that they would not have to deal with underlying relationship issues. There are also couples who are closely connected but not emotionally in touch. They may even be genuinely fond of each other but view their relationship as more of a business partnership than a marriage. A marriage of convenience is similar to this, in which each partner does "his or her own thing." Sometimes one or both partners in this type of relationship engage in extramarital affairs, which can often bring about the final unraveling of the marriage.

Although some relationships worsen or dissolve with age, others actually get better and experience a renewal or rebirth. Late life can be the most satisfying years of a marriage for the couple who has come to accept one another for who they are.[31]

Aging Parent and Adult Child   Relationships between aging parents and adult children also tend to be as varied as spousal relationships.[32] Generally, there exists a fair degree of involvement between the generations. Older parents very often provide emotional, physical, and financial support, when possible. Ideally, this is provided without strings attached and driven in part with the hope or unspoken agreement that help will be reciprocated in later years.[30]

Unfortunately, strained relations can develop between parents and a child throughout adulthood. Verbal finger pointing—unfair fighting with "you never" or "you always" statements—can upset relations, as can favoritism toward certain siblings. Sometimes parental disapproval of a lifestyle or friends also brings about disharmony. Disappointment coupled with shame may cause an older adult to place public appearances first and the son's or daughter's needs and feelings second.[30] However, if affection and communication remain open between the parent and adult child, psychological well-being will be enhanced for both.[32]

For many families, the details about daily life for older parents do not emerge until a need for help with activities of daily living arises. Until that time, many older adults do not want to live with their children, share their financial information, or include their children in their decision-making processes. Like their children, they value their independence and like to control their own lives. They do not want their children to intervene. But when the time comes when support is needed, approximately 83% of support received comes from family members.[13] One study estimated that 19% of caregivers of older adults lived with the person they were caring for, 46% lived 20 minutes away or less, and 18% lived more than 1 hour away. It is also estimated that nearly 7 million Americans are **long-distance caregivers** for an older relative.[13,33] That is, they travel a distance of 1 hour or more to the older adult to provide assistance.

We can infer from the statistics and collected stories that when the time comes to provide caregiving support, adult children may find that they have less time to spend with their own families because caregiving demands occupy more of their time. Among those caregivers, some will also be simultaneously providing care to their own children. Adults found in this position are referred to as the **sandwich generation** because they are caught between two caregiving roles. Even after the children are gown, the average American woman can expect to spend more time caring for an aging parent than she did caring for her children.[34]

One relatively recent challenge faced by many older adults has been the increased prevalence of substance abuse (alcohol and drug) and incarceration rates among their adult children. Subsequently, many older adults are forced to deal with the addictive behaviors of their adult child or grandchild, a task many are ill prepared to undertake.

Studies indicate that the problems of adult children are a significant cause of depression in older adults; the greater the child's problem, the greater the parent's depression. Older adults continue to want the best for their children, no matter what their age, and are often emotionally affected by the challenges and failures their offspring encounter.[35]

Never-Married or Childless in Late Life In the United States, it is estimated that slightly more than 4% of population age 65 and older have never married. That rate is almost twice the rate of never-marrieds in Europe.[36] Also notable is that nearly 19% of women older than age 44 have never given birth, contributing to a childless rate among U.S. adults that has nearly doubled since the 1980s.[36] The reasons for remaining single and for not bearing children are numerous and personal. Regardless, social roles and expectations of adults are centered around couplehood and families, leaving many people to wonder how never-marrieds and childless people receive support later in life and from whom.

Although some people may assume that never-marrieds and childless couples have been deprived of the emotional support of family in late life, research suggests otherwise. Happiness, life satisfaction, loneliness, and self-esteem appear to be unrelated to contact with adult children during late life.[37] Many never-marrieds and childless couples have adjusted by adapting their social network to include relationships generally thought to be held by partners and children. These **fictive kin** are treated as family and linked by close emotional bonds.[38] Sometimes a niece or a nephew takes on the social role of a child, or a sibling takes on some of the traditional roles of a spouse. Despite the social pressure to marry and bear children, those who do not conform to social pressure are not emotionally unstable in later life. Never marrying or remaining childless is not something to be pitied or viewed as a curiosity. It is simply another way of life.

Friendships Friendships established early in life often continue into old age, especially if they begin during midlife. Unlike relationships with family members that are connected by blood ties and replete with social roles and expectations, friendships exist because the individuals involved share similar interests and want to maintain the relationship. Like younger adults, older adults tend to establish friendships with people similar to themselves: same gender, similar social and economic status, and from the same town or community. However, as friendships deteriorate as a result of increased distance, poor health, or death, new ones are formed if the older adult has the access and opportunity to build a new connection. The ability to form new relationships is essential because an important outcome of friendship is enhanced psychological well-being. Research indicates that friendships have an even stronger influence on well-being than do familial relationships, although the precise relationship remains unclear.[39]

Studies have also shown that women have more friends than men do because they view and engage in friendships differently.[40] Women perceive friendships to be sources of ongoing emotional and physical support and prefer to surround themselves with friends

who can help them address the daily challenges they face. When a friendship ends, it is replaced with a new one. Thus, women are intentional about managing their friendships so that they maintain the desired complement of friends to help them process the events in their life. Men, however, prefer to rely on their spouse, partner, or close family members for help and emotional support rather than friends. Males' friendships are based on specific activities such as a sport or a project, rather than sharing feelings and processing a particular situation or event. As a result, men require fewer friends than women do.

Like young adults, older adults nurture their friendships and feel a sense of loss when a friendship dissolves or becomes inactive. Poor health, new living arrangements, and loss in mobility frequently change the course of friendships and make sustaining them that much more difficult. As mentioned previously, when maintaining relationships becomes too difficult to manage, older adults will break off some because they recognize they cannot reciprocate support. Instead, they choose to place their energy and resources into their most valued relationships, those with their closest family and friends.[26]

Grandparenting   Grandparenting is a social role that many adults look forward to as their children mature. Because people are living longer, it is becoming common to see great-grandparents or even great-great-grandparents within families. The U.S. Census estimated that there were approximately 70 million grandparents in the United States in 2000, with approximately 8% living with a grandchild under the age of 18.[15]

Grandparents generally welcome interactions with their grandchildren as a chance to relive their early years without balancing the stresses and responsibilities of caring for their own children the first time around. A new grandchild can be like a booster shot for some older couples, reawakening early days of marriage and the enthusiasm of early parenting.[25]

Not surprisingly, the role of grandparent is as varied as any other social role. Grandparents share multiple roles and responsibilities within families and as such can be described as one of five distinct types[41]:

- Distance figures (live far away and visit infrequently)
- Fun-seekers (provide and engage in exciting opportunities)
- Surrogate parents (take on a parenting role)
- Formal (as patriarch or matriarch of the family)
- Reservoirs of family wisdom (sources of knowledge and expertise)

Yet the role of grandparent is not static. The role of a grandparent today is generally responsive to the individual needs of the extended family. In the United States, one of the most important roles of a grandparent is that of a caregiver, in the broadest sense (**Figure 2-3**). Grandparents baby-sit, act as surrogate parents, pay educational costs, and sometimes provide the deposit for a new house. The toy industry especially likes grandparents because they purchase approximately 17% of all toys bought in the United States.[42]

FIGURE 2-3 **Grandparents often take on a caregiving role.** (*Courtesy of Michelle Brossoie.*)

However, sometimes grandparents or adult children choose not to interact with each other and instead maintain a distance, not only physically but also emotionally. Having limited contact may be the result of personal priorities such as work or leisure or may stem from personal reasons based on unpleasant interactions in the past.[30]

The closeness felt between a grandparent and grandchild often correlates with how the grandparents saw their family members interact with their own grandparents. Healthy interactions between generations serve as positive role models for younger generations. Parents need to see grandparents spending quality time with their children to become good grandparents themselves.[30]

In addition to providing financial support, grandparents sometimes step in to take care of grandchildren when parents are abusive or addicted to drugs and are otherwise unable to parent. Grandparents also act as mediators when conflicts arise between a parent and child. Likewise, when parents divorce, grandparents can frequently offer support, comfort, consolation, and financial assistance to their child or grandchild, bringing the family closer together. Divorce, however, can also remove grandparents from their grand-child's life. In today's world of blended families and divorce, some grandparents find that they lose grandchildren as quickly as they welcome them into the family. In response, many have been fighting back for grandparent visitation rights so that they can maintain contact. Organizations that support grandparent rights include the National Coalition for Grandparenting, the Foundation for Grandparenting, and Grandparenting for Children.[43]

Arthur Kornhaber, MD, author of *The Grandparent Guide,* created the Foundation for Grandparenting to nurture and lobby for intergenerational relationships. This foundation even offers a summer camp and conference center for grandparents and grandchildren. Kornhaber's work has shown that children raised by grandparents tend to be more well rounded and have a greater respect for the past. They are more likely to speak more than one language, perform better in school, and have a good sense of family and family values.[44]

Program developers for Elderhostel[45] and other adult adventure programs have also recognized the market for offering grandparent–grandchild vacation activities. Special summer programs are being offered in which both generations can share in a cultural or environmental experience. Spending time together provides an excellent opportunity to develop the grandparent–grandchild relationship without the distractions of daily life.

Recognition of the benefits and values of grandparenting has led to the creation of Adopt a Grandparent/Grandchild programs nationwide.[46] These programs provide excellent opportunities for kids without grandparents or older adults without grandchildren to engage and learn from each other's experiences. Similar programs provide older adults with the opportunity to become "foster grandparents" through youth centers or other community organizations.[47] No matter who is the focus of the program, experiencing the grandparent–grandchild relationship is rewarding and fulfilling to everyone involved.

SOCIAL INFLUENCES ON AGING

INCOME AND FINANCIAL RESOURCES

The importance of financial security later in life cannot be overemphasized. Most older men and women have worked a good portion of their lives to establish a retirement fund or so-called nest egg from which to draw during their later years. It should, therefore, come as no surprise that older adults signal a rallying cry at every mention of reducing Social Security or Medicare benefits.

A major source of income for older adults in the United States is Social Security (SS). Ninety percent of older adults collected Social Security in 2004. The Social Security Act was signed into law by President Franklin D. Roosevelt in 1935.[48] Its original and intended purpose was and continues to be acting as a supplemental source of retirement income for older adults to help pay expenses incurred during late life when earning potential is minimal. It was never designed to be a major source of retirement income. However, nearly one-third of SS beneficiaries report that Social Security provided 89% of their income. Fifty-five percent of beneficiaries reported receiving income from assets, 41% received income from retirement plans/funds, and 24% received income from earnings.[49]

Even though growing numbers of older adults are achieving financial security, in 2006 about 3.6 million older adults in the United States lived below the federal poverty level.[50]

This group accounted for 9.4% of older adults (about the same as the rate for persons ages 18 to 64, which was 10.8%). Unlike younger adults, as older persons exhaust their resources, they are generally unable to generate the additional income necessary to improve their economic status or to leave assistance programs. Besides having diminished employment opportunities, they are also least likely to benefit from inheritance. Therefore, many are often left to fend for themselves, living off retirement savings, pension, or Social Security benefits that are marginally adjusted for inflation. Because poorer older adults have fewer resources and live off of fixed incomes, they tend to spend a much larger portion of their total income on health care and housing than do their younger low-income counterparts.[51]

For minority groups living in the United States, African American elders, the largest ethnic minority (12.4% of total population), have always lagged behind whites (81.9% of total population) in terms of social and economic status.[50] Many must continue to work into old age because they lack the resources to retire and generally receive limited Social Security benefits because of a low earnings history.

Like African Americans, Hispanic elders tend to be socioeconomically less well off than older whites and most other ethnic elders.[50] Older African American and Hispanic women who are not married or partnered have a more difficult time financially than do their white counterparts. In 2004, approximately 27% of African American women age 65 and older were living alone with household incomes at or below 100% of the federal poverty level.[50] Like most impoverished adults, their situation is the result of a lifetime of low-skill, low-paying jobs, inadequate educational opportunities, and discrimination in the labor market.

Older Asian Americans constitute a small but rapidly growing segment of the older adult population in the country. As a group, they tend to be somewhat better off, by most social indicators, than other minority groups are. This may be attributed to their collectivist lifestyle with a focus on family and emphasis on meeting the needs of the family or community before the needs of the individual. Engaging in this lifestyle is important because many immigrant elders are not covered by Social Security, never having had paid employment in this country.[52]

WORK AND RETIREMENT

Workplace Discrimination   Extensive research has been conducted on social attitudes toward older workers. Many employers and employees inaccurately perceive older workers to be rigid, inflexible, incapable of learning new skills, unproductive, and overpaid. It should, therefore, come as no surprise that the most common type of economic discrimination against older adults is work-related.[5] Research indicates that 80% of adults believe that most employers discriminate against older workers in hiring or on the job, and 61% of employers admit doing so.[53] Discrimination against older workers ignores several overall advantages to hiring them, including low absentee rates, less turnover, low accident rates,

less alcohol- and drug addiction–related issues, increased job satisfaction, and company loyalty.[5] Additionally, the experiences, knowledge, and insight older workers bring to the workplace are invaluable and cannot be easily replaced by a younger person with a limited work history who is working for lower wages.

Some employers continue to believe older workers are unable to keep pace with change and learn new technologies. For example, some people believe that computers and computer software are far too difficult for older adults to learn to operate proficiently, so they will not consider them for employment. However, evidence exists that older adults can and do learn new technological skills, including computer technology. Their learning strategies and styles may be different from younger adults, but they have the ability to learn and can become quite accomplished when given the opportunity to learn and study in a way that works for them.[54]

Work discrimination against older adults is most obvious when companies attempt to reduce costs by asking older workers to take early retirement, even seducing them into it by offering a tempting retirement package, a so-called golden parachute. The offer may initially appear to be a good financial move but may short-change the worker of retirement income if not invested and managed wisely.

Retirement   Before the industrial revolution, retirement as a phase of life did not exist. Individuals worked until they became either disabled or too infirm to do otherwise. They generally died shortly afterward. If they did live a long life, they were usually supported by family or by some charitable organization such as the local church. It was only in 1889 that Chancellor Bismarck of Germany established retirement for individuals reaching age 65. He chose the age of 65 as the beginning of retirement by adding 20 years to the then normal life expectancy of 45 years. Other European countries soon followed with similar retirement systems. In 1935, the United States was the first country to establish a nation-alized pension system for people age 65 and older (Social Security).[48] Since then, other countries have followed suit, and today most offer a national pension to adults age 65 and older. Variations in age of eligibility range about 5 years with most notable differences between males and females.[55]

Until 1967, retirement was compulsory for workers in the United States who reached age 65, regardless of their health status or abilities. Here again we see another myth of aging that implies there is a general loss of ability that begins occurring around age 65 or earlier. However, in adults who are aging typically, there exists no sudden or general loss of ability at age 65 or at any other age.[5] Any losses that may occur generally do so gradu-ally over many years. Even some disorders considered inevitable as we age (such as visual and hearing impairments) are now reversible or amenable to treatment. Because of better health status, today's retirees can potentially spend 20 or more years in retirement.[55]

Older adults, like most groups of individuals, are incredibly diverse. Ken Dychtwald, president of Age Wave Inc., states, "No age group is more varied in personal background, physical abilities, personal styles, social needs, or financial capabilities than today's older

population. While some older people are dreadfully sick and waiting for death, some are fit and training for marathons. Some wait in breadlines for a warm meal. Others have condos in Vail and yachts in Tahiti."[34] Additionally, many continue working in the same or some new capacity, even after reaching retirement age. In sum, retirement is a stage of life that only begins with a change in employment status.

Preparing for retirement is not a task that should be taken lightly or without preparation. Retirement requires planning, planning, and more planning. And despite what the television commercials may say, it is not all about finances. Important considerations in the retirement decision-making process include the following:

- Financial and social resources
- Spouse's/partner's retirement plans
- Desire to continue working part-time
- Need to remain active in current profession
- Desire to start a new career
- Desire to volunteer
- Desire to remain living in the same community

Prior to retirement, some older adults begin developing hobbies or spare-time occupations to engage in during retirement. Many daydream about being able to putter around their home and spend considerable time in their gardens. Although generally good ideas, hobbies and household activities are generally not intensive enough to fill the hours in a day.[56] As many older adults with a few years of retirement behind them frequently offer, you just cannot retire, you have to retire to something. Some older adults are determined to challenge themselves in pursuit of some activity that few, regardless of age, would choose to follow. Mary Harper, a 79-year-old great-grandmother (**Figure 2-4**), is one person who rose to such a challenge. In 1994, she became the oldest person to sail across the Atlantic single-handedly. Although she broke a rib in severe weather, she later said, "The whole trip was worth it just to see the waves." In answer to why she did it alone, she explained that "it was something I wanted to do . . . but didn't want to be responsible for a crew."[57] Another older adult who has refused to settle down to "quiet old age" is Corena Leslie, who completed a sky dive jump 3 days before her 90th birthday.[58]

For some older adults, engaging in lifelong learning activities helps them keep their minds active and alert. Special program topics offered at local community centers, senior centers, and colleges provide numerous opportunities for older adults to explore topics that pique their interest. Elderhostel is a not-for-profit global program that provides learning experiences for older adults on topics including history, culture, nature, music, and outdoor activities, crafts, and study cruises.[45] Participants are able to explore their interests with leading scholars and researchers in the field while sailing on cruises, walking through national parks, and visiting culturally diverse areas.

Many older adults believe that successful aging starts with mental stimulation. At the Plymouth Harbor Retirement Community in Sarasota, Florida, the longevity among
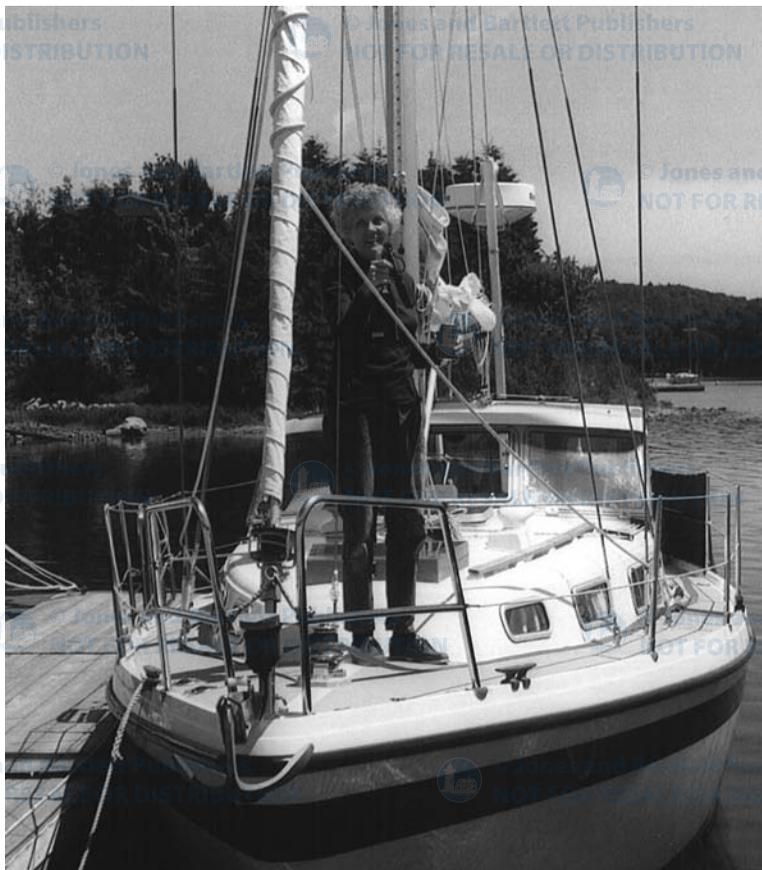
FIGURE 2-4   Mary Harper, the oldest person to sail across the Atlantic Ocean single-handedly. (*Courtesy of Mary Harper.*)

residents is greater than the national average. This unique community encourages individuals to get involved in a myriad of activities, which include electing representatives from each apartment cluster to serve on the board of residents that governs Plymouth Harbor. Residents also pool their resources in supplying volunteer lecturers on just about every topic imaginable. People at Plymouth Harbor appear more involved, interested, and perhaps *more alive* than the stereotypical portrayal of retirees.[59] As Ralph Waldo Emerson once wrote, "It is not length of life but depth of life."

Many adults take up new hobbies and activities that combine mental and physical fitness, such as tai chi or square dancing (**Figure 2-5**). Both provide retirees with the opportunity to exercise their bodies and keep a sharp mental focus. Square dance clubs travel frequently to dance with other groups, providing abundant opportunities for socializing on and off the dance floor.

FIGURE 2-5   Square dancing helps maintain physical strength, coordination, and mental agility. (*Courtesy of Theodore N. Brossoie.*)

Many older adults have the desire to give back to their communities and devote many hours to volunteering each week, sharing their lifetime of experiences and insights. Their skills, knowledge, resources, and abilities can affect changes and make a difference in the lives of people of all ages. The **Senior Volunteer Corps** is an umbrella organization for three programs connecting adults age 55 and older to nonprofit, faith-based, and community organizations: Retired Senior Volunteer Program (RSVP), Foster Grandparents, and Senior Companions. Since the 1960s, communities have eagerly tapped into this source of people power to alleviate a number of community challenges.[60]

ADVOCACY FOR OLDER ADULTS

Advocating for the rights and needs of older adults at the local, state, and national levels can be a daunting task. However, as the baby boom generation ages and more individuals reach the age of 65, the voices of advocates are becoming louder and stronger. Several advocacy groups that help represent the needs of older adults are profiled in this section.

The most recognizable organization that has demonstrated considerable success in representing the needs of adults age 50 and older is **AARP**, a nonprofit, nonpartisan

organization. It was founded in 1958 as the American Association for Retired Persons with the agenda of addressing the social needs of retirees. Today, AARP has expanded its scope of interests to include all aspects of life. In 2006, it boasted a membership of more than 37 million members. The mission of AARP is simple: "To enhance the quality of life for all of us as we age." AARP advocates for social change through information, advocacy, and service as it represents adults of all ethnicities and cultures within the United States. All of its publications (magazine, bulletins, and website) are instilled with the attitude that age is merely a number and life is what you make of it. Together with the AARP Foundation, research on topics of current interest including prescription drug costs, grandparents raising grandchildren, and civic participation is funded to generate information that can be used to promote positive social change.[61]

The Gray Panthers was founded in 1970 by Maggie Kuhn and six other women who came together to discuss and address the issue of forced retirement at age 65. However, the first issue taken on by the fledgling organization was not age discrimination, but rather opposition to the war in Vietnam. This was because the Gray Panthers did not want to be perceived as an organization that was only dedicated to fighting ageism. The Panthers believed philosophically that "gray power" should be on the cutting edge of social change by working with other organizations. Today, the Gray Panthers' mission is "work for social and economic justice and peace for all people." Armed with intergenerational support and organizational values that include honoring maturity, unifying generations, active engagement, and participatory democracy, the Gray Panthers now proudly identify themselves as **Gray Panthers: Age and Youth in Action**, to "create a humane society that puts the needs of people over profits, responsibility over power, and democracy over institutions."[62]

A third organization founded to address workplace and retirement issues is **Senior Service America** (SSA), once known as the National Council of Senior Citizens and founded by the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) in 1961. Today, the organization's fundamental purpose is broader than the scope of retirement because the group advocates for political and legislative issues that affect older adults. Legislative issues that received the organization's attention in past years have included the Older Americans Act, Medicare, Medicaid, and employment training opportunities. Today, the SSA updates members through newsletters that report on how Congress is addressing the needs of older adults. The SSA and its partner organizations also provide employment and training opportunities to more than 10,000 adults nationwide.[63]

HEALTH, WELLNESS, AND HEALTH CARE

Today, older adults are living longer and healthier thanks to improvements in health care technology and lifestyles that incorporate healthy diets and exercise. Multiple studies conducted through the National Institute on Aging have revealed that many of the health

problems found in old age are not caused by age itself but rather by improper care of and use of the body over time. If the body has been subjected to overeating, exposure to toxins (such as cigarette smoke and alcohol), lack of adequate exercise, and poor nutrition, it should come as no surprise that medical problems will be greater in old age.

Teaching older adults how to manage their health conditions and educating them about their conditions requires an approach different from activities designed for patients of other ages. Older adults tend to learn more effectively in small groups that foster discussion in an informal setting. Older adults are generally more concrete learners rather than theoretical learners, and they learn best when the subject matter has direct practical application. All information presented should be developed using plain language that clearly communicates the intended message at all literacy levels. For more information about health literacy and clear health communication, see Chapter 13.

HEALTH PROMOTION AND DISEASE PREVENTION

Healthy People 2010 is a strategic plan set forth by the U.S. Department of Health and Human Services, the Healthy People Consortium, and other federal agencies to focus on preventable health threats (including disability and death) that affect citizens of all ages. The initiative challenges individuals, communities, and professionals to join together to improve the health of all citizens.[64] Healthy People 2010 is also the United States' contribution to the World Health Organization's Health for All strategy. The objectives in Healthy People 2010 fall under two overarching goals:

• Increase quality and years of healthy life
• Eliminate health disparities

The two goals include 28 focal areas that also contain concise goal statements and objectives. Healthy People 2010 emphasizes the need for vitality and independence with aging and uses a health-oriented rather than disease-oriented approach. Objectives take a true gerontological approach, accounting for socioeconomic, lifestyle, and other non-medical-related influences on personal health.

Common complaints frequently associated with old age include joint stiffness, weight gain, fatigue, loss of bone mass, and loneliness. These conditions can be slowed, prevented, or eliminated by health promotion and disease prevention activities[65] such as exercise, stress management, nutrition, and substance abuse control.

Exercise   The old adage "use it or lose it" is very applicable when it comes to making a case for exercise in the older person. Abundant studies have demonstrated the benefits of exercise throughout the life span. Exercise helps maintain fitness, stimulates and quickens the mind, helps establish social contacts, prevents and/or slows progression of some diseases, and generally improves quality of life. Inactivity leads to muscle wasting and weak-

ening of the bones. A number of chronic conditions such as heart disease, arthritis, osteoporosis, diabetes, obesity, and depression show improvement, or at least a slowing of progression, with regular physical activity.[65]

The ideal exercise program for individuals older than age 60 should emphasize exercises that increase strength, flexibility, and endurance and should be initiated only after consultation with a medical specialist.[66] Low-impact activities such as walking, swimming, or bike riding are ideally suited for most older adults. Exercise should be preceded by stretching and should be increased in gradual increments. An exercise "prescription" from a physician is a good way to begin, especially for those who have been away from exercise for any length of time. Additionally, older participants in fitness programs need to be reminded not to exceed their ability level and to respect pain. Exercise programs specifically tailored for older adults and staffed by fitness professionals are frequently offered through hospitals, colleges, and community organizations.

Stress Management   Much has been written on the relationship between stress and disease. Stress can increase the risk of, or worsen, heart disease, cancer, or other chronic conditions. It can also dampen the immune response. Stress tends to originate from three sources: the environment, our bodies, and our minds.[4] Environmental stressors such as the weather, crime, and crowds are usually beyond one's control, whereas physical and mental stressors, although sometimes seemingly insurmountable, can often be controlled by changing behaviors. There are numerous stress management techniques such as exercise, diet, muscle relaxation, meditation, deep breathing, visualization, desensitization, and biofeedback.[65] Any individual interested in finding a stress reduction technique needs to select one that is well suited to his or her lifestyle and temperament.

Nutrition   Although we purport to be a nation of plenty, 25% of persons older than age 65 suffer from some form of malnutrition.[67] Poverty—although the major cause of malnutrition—is not the only factor. It is estimated that one-third of all nursing home patients are malnourished.[68] This, in large measure, is because few doctors are trained to recognize malnutrition in older adults. In addition to poverty, additional reasons for malnutrition in older adults include depression, limited access to buy food, unbalanced diet, problems with chewing or swallowing, chronic illness, and medications that suppress appetite or interact with nutrients. The resulting lack of physical ability and energy to cook and eat naturally compounds the problem. Poor nutrition also contributes to the progressive decline of several body functions that manifest later in life, including bone density loss, atherosclerotic lesions, opacification of eye lenses, and a blunted immune system.[69]

Substance Abuse Control   Substance abuse can become a major source of problems for older adults. Because older adults generally have less lean body mass and a lower volume of body water, substances such as alcohol, recreational drugs, and medications are absorbed

at higher levels into the body and retained for longer periods of time than experienced at a younger age. The presence of alcohol and drugs increases the risk for injuries and/or accidents. Additionally, alcohol and other drugs can have an adverse effect on sleep and can sometimes mask the symptoms of underlying diseases.

Once substance abuse has been identified in an older individual, a management plan should be established. This first involves an initial screening to assess the impact of alcohol or drug abuse both physically and psychologically. Then, a treatment plan, which includes education and promotes self-responsibility, must be established. Drug use and abuse are covered in depth in Chapter 6.

Sometimes substance abuse problems develop as a result of **polypharmacy**.[70] That is, the interactions of multiple medications prescribed for multiple conditions create new disabling medical conditions in the older adult, including adverse drug reactions and addictions. Polypharmacy problems generally occur when more than one medical provider is involved in the care of an older adult. To avoid problems, the older adult should make certain that each provider is aware of what the other is prescribing. Likewise, to stem problems arising from polypharmacy issues, providers and family members should attempt to identify the source of new health problems as they arise and work together with health providers to make sure unnecessary medications are not prescribed.

HEALTH CARE FINANCES

The increased cost of health care and the aging population go hand and hand and have assumed a position on the central stage of the national policy debate. The cost of public health care programs has risen to staggering levels. The proportion of the U.S. gross domestic product for national health programs (i.e., Medicare, Medicaid, veterans' medical care) has increased from 0.4% in 1962 to approximately 5.4% in 2008.[71]

Not surprisingly, older adults with declining health spend more money on long-term institutionalized care than on any other type of health care. Most elders, however, cannot meet these overwhelming costs on their own, and Medicare coverage is limited. At an average daily cost of $183, or $66,795 annually, for a semiprivate room, many older adults in nursing homes watch their lifetime savings evaporate within a few years.[72] By 2030, the cost of institutional care is projected to increase to $190,600 per year, a sum few will be able to afford.[73]

Long-term care insurance is one method of affording nursing home care, at least for those who can afford to buy the insurance. This form of insurance has become the fastest-growing type of health insurance sold in recent years, and it promises to continue its growth in the coming years. By 2003, 13% of full-time workers in all private industry were offered long-term care insurance, while 19% of full-time workers in large private establishments (100 or more workers) were offered this benefit.[73] Although still not routinely offered or included in regular health benefit plans, some health policy analysts believe that availability will increase as the aging population grows in numbers.

SUMMARY

The aging process begins the moment we are born. Over the years our bodies and mind grow, develop, and mature. Gerontology is the scientific study of aging that examines the biological, psychological, and sociological (biopsychosocial) factors associated with old age and aging.

Ageism, a systematic stereotyping of and discrimination against people who are old, fosters the notion that older adults are not useful or valued. Ageism is fueled by numerous myths regarding aging and older adults as well as by language that conjures negative images of old persons. Ageism limits opportunities (employment and workplace discrimination), access to health care, and in its worse form can lead to elder abuse, mistreatment, and neglect.

Research has shown that health care professionals are significantly more negative in their attitudes toward older patients than they are toward younger patients.[5] To avoid making ageist comments and remarks, it is important to recognize and explore your own feelings and attitudes as a health care professional. Stopping the spread of ageism is everyone's responsibility and starts at the individual level.

The media regularly perpetuate the stereotypes of older adults through inaccurate and sometimes demeaning portrayals of older adults in print, advertising, and entertainment. This is puzzling considering that older adults have the ability to purchase the advertisers' products that sponsor media activities. Yet limited efforts continue to be made to accurately depict the daily lives of older adults through the media.

Social roles continue to be important in later life. However, relationships are often dissolved as a result of poor health, limited mobility, and the inability to reciprocate support. Relationships with close family and friends are maintained before others because they are the source of most support. Some couples find later life to be a time of closeness, after weathering life's storms together. Some choose to separate and go their own ways, while others remain single and seek support from fictive kin. Relationships between aging parents and adult children tend to be as varied and challenging as spousal relationships, yet can generally be counted on to provide support. Maintaining friendships continues to promote psychological well-being well into old age. Grandparenting has been, and remains, a rewarding and fulfilling experience in later life.

Attitudes toward retirement vary greatly, as do lifestyles of older adults. For some, retirement heralds the chance to pursue a special interest or hobby they never had time to do while working. Others see it as an opportunity to travel or return to school to pursue a second career. Others view it with a bit of disappointment, especially if they previously held an influential position. For most people, however, retirement is a time of relaxation to be spent with spouse, children, grandchildren, and/or friends.

Financial security is extremely important to older adults. Social Security was a source of income for 90% of older adults in 2004 with one-third counting it as 89% of their entire income. Unfortunately, in 2006, 3.6 million adults lived below the federal poverty

level. A great many impoverished individuals include single women who are African American or Hispanic.

Several organizations advocate for the rights and needs of older adults at the local, state, and national levels: AARP, Gray Panthers: Age and Youth in Action, and the SSA. All three organizations were founded more than 40 years ago with the mission of bringing about social change for older adults.

As a result of improvements in health care, better diet, and more emphasis on exercise, Americans are entering later life healthier than ever before. Healthy People 2010 is a strategic plan focusing on health prevention efforts. It emphasizes the need for vitality and independence among older adults and uses a health-oriented rather than a disease-oriented approach. The plan addresses topics such as exercise, stress management, nutrition, and substance abuse.

One of the greatest problems facing our aging society is health care finances. The costs of financing the federal health programs including Medicare and Medicaid continue to rise. In response to rising costs, many older adults are buying long-term health care insurance.

It is important for everyone working with older adults to understand that social factors affect our aging society. By developing appreciation for the diverse backgrounds of older adults, health care professionals can better serve their needs. Additionally, this should help us in our own personal approach to coping with aging family members and our own aging processes.

Review Questions

1. Gerontologists take into account the _____ forces that influence the aging process.
   A. Organic, synthetic, and supernatural
   B. Biennial, perennial, and annual
   C. Biological, psychological, and sociological
   D. Infantile, adolescent, and middle-aged

2. Ageism is
   A. The systematic stereotyping of and discrimination against people who are old
   B. Pretending to be older than you really are
   C. Pretending to be younger than you really are
   D. Another term for racism

3. Which of the following explains some of the negative comments made by health care workers about older adults?
   A. A need to justify why the medical needs of the older adult were not addressed
   B. Provides a feeling of satisfaction for managing the demands of the job
   C. Contributes to their ability to save or cure a patient's medical problems
   D. Explains a general unawareness of their own life and mortality

4. Work discrimination against older adults is a form of
   A. Bigotry
   B. Ageism
   C. Socialism
   D. None of the above

5. Social roles are important ways of _____ members of every society.
   A. Selecting and eliminating
   B. Categorizing and sorting
   C. Identifying and defining
   D. Discovering and isolating

6. When a grandparent raises a grandchild, which of the following poses a significant challenge to the role?
   A. Limited income and resources
   B. The social stigma of the parent's problem
   C. Personal health problems
   D. All of the above

7. In collectivist societies, which role is a grandparent most likely to hold?
   A. Surrogate parent
   B. Fictive kin
   C. Reservoir of family wisdom
   D. Dowager

8. Studies have also shown that as we age and our health declines, we deliberately let go of some of our social relationships, retaining only the ones we know we can maintain. We do this because we
   A. Recognize relationships are expendable
   B. No longer have interest in the lives of other people
   C. No longer have the resources and energy to engage
   D. Realize our friends don't really need us

9. The average retirement age in most Western countries is
   A. 55
   B. 65
   C. 70
   D. 75

10. _____ is a source of income for 90% of older adults in the United States.
    A. Social Security
    B. Personal investments
    C. Retirement plans
    D. Earnings from work

11. Healthy People 2010 emphasizes the need for vitality and independence with aging and uses a _____-oriented rather than a _____-oriented approach.
    A. Health; disease
    B. Person; society
    C. Fitness; diet
    D. None of the above

12. _____ issues sometimes result when older adults take multiple medications and supplements. Interactions between the substances can create additional health problems, including addiction to prescribed medications.
    A. Polygamy
    B. Polymorphism
    C. Peer pressure
    D. Polypharmacy

13. Total nursing home costs during the last year of life are rarely covered by
    A. Medicare
    B. Medicaid
    C. Long-term care insurance
    D. None of the above

14. Which organization does not have a primary advocacy focus on older adults?
    A. Gray Panthers: Age and Youth in Action
    B. Senior Service America
    C. AAA
    D. AARP

Learning Activities

1. Role-play with a partner examples of ageism found in the workplace, in a health care setting, in social situations, and in the family.
2. Videotape television commercials or shows featuring older adults. Review the tape for how the older adults are represented. Play it for your classmates and generate a discussion.
3. Establish a "mock" advocacy group representing older adults. Develop a mission, vision statement, goals, and objectives. Describe how you might use the group to effect changes to improve the lives of older adults.
4. Role-play with a partner some of the issues and concerns of an older caregiver faced with providing care for an ailing spouse.
5. Create a retirement plan for a fictitious couple that takes into account their financial resources, their family relationships, their personal interests, and their desire to work.
6. Design a health promotion/disease prevention course or workshop for older adults.

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