



Sociology-Chap13

By: Words Sociology

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Figure 1.1 What does this sign mean? Why would there be a need for it on a street? What assumptions about senior citizens might this message be based on? (Photo courtesy of Ethan Prater/flickr)

Introduction

At age 52, Bridget Fisher became a first-time grandmother. She worked in human resources at a scientific research company, a job she'd held for 20 years. She had raised two children, divorced her first husband, remarried, and survived a cancer scare.

Her fast-paced job required her to travel around the country, setting up meetings and conferences. The company did not offer retirement benefits. Bridget had seen many employees put in 10, 15, or 20 years of service only to get laid off when they were considered too old. Because of laws against age discrimination, the company executives were careful to prevent any records from suggesting age as the reason for the layoffs.

Seeking to avoid the crisis she would face if she were laid off, Bridget went into action. She took advantage of the company's policy to put its employees through college if they continued to work two years past graduation. Completing evening classes in nursing at the local technical school, she became a registered nurse after four years. She worked two more years, then quit her job in HR, and accepted a part-time nursing job at a family clinic. Her new job offered retirement benefits. Bridget no longer had to travel to work and she was able to spend more time with her family and to cultivate new hobbies.

Key Concepts

1.1: Who Are the Elderly? Aging in Society

1.2: The Process of Aging

1.3: Challenges Facing the Elderly

1.4: Theoretical Perspectives on Aging

1.1 | Who Are the Elderly?

Aging in Society

Think of American movies and television shows you have watched recently. Did any of them feature older actors and actresses? What roles did they play? How were these older actors portrayed? Were they cast as main characters in a love story? Grouchy old people?

Many media portrayals of the elderly reflect negative cultural attitudes toward aging. In the United States, society tends to glorify youth, associating it with beauty and sexuality. In comedies, the elderly are often associated with grumpiness or hostility. Rarely do the roles of older people convey the fullness of life experienced by seniors—as employees, lovers, or the myriad roles they have in real life. What values does this reflect?

One hindrance to society's fuller understanding of aging is that people rarely understand the process of aging until they reach old age themselves. (As opposed to childhood, for instance, which we can all look back on.) Therefore, myths and assumptions about the elderly and aging are common. Many stereotypes exist surrounding the realities of being an older adult. While individuals often encounter stereotypes associated with race and gender and are thus more likely to think critically about them, many people accept age stereotypes without question (Levy 2002). Each culture has a certain set of expectations and assumptions about aging, all of which are part of our socialization.

While the landmarks of maturing into adulthood are a source of pride, signs of natural aging can be cause for shame or embarrassment. Some people try to fight off the appearance of aging with cosmetic surgery. Although many seniors report that their lives are more satisfying than ever, and their self-esteem is stronger than when they were young, they are still subject to cultural attitudes that make them feel invisible and devalued.

Gerontology is a field of science that seeks to understand the process of aging and the challenges encountered as seniors grow older. Gerontologists investigate age, aging, and the aged. Gerontologists study what it is like to be an older adult in a society and the ways that aging affects members of a society. As a multidisciplinary field, gerontology includes the work of medical and biological scientists, social scientists, and even financial and economic scholars.

Social gerontology refers to a specialized field of gerontology that examines the social (and sociological) aspects of aging. Researchers focus on developing a broad understanding of the experiences of people at specific ages, such as mental and physical wellbeing, plus age-specific concerns such as the process of dying. Social gerontologists work as social researchers, counselors, community organizers, and service providers for older adults. Because of their specialization, social gerontologists are in a strong position to advocate for older adults.

Scholars in these disciplines have learned that “aging” reflects not just the physiological process of growing older, but also our attitudes and beliefs about the aging process. You've likely seen online calculators that promise to determine your “real age” as opposed to your chronological age. These ads target the notion that people may “feel” a different age than their actual years. Some 60-year-olds feel frail and elderly, while some 80-year-olds feel sprightly.

Equally revealing is that as people grow older they define “old age” in terms of greater years than their current age (Logan 1992). Many people want to postpone old age, regarding it as a phase that will never arrive. Some older adults even succumb to stereotyping their own age group (Rothbaum 1983).

In the United States, the experience of being elderly has changed greatly over the past century. In the late 1800s and early 1900s, many U.S. households were home to multigenerational families, and the experiences and wisdom of elders was respected. They offered wisdom and support to their children and often helped raise their grandchildren (Sweetser 1984).

But in today's society, with most households confined to the nuclear family, attitudes toward the elderly have changed. In 2000, the U.S. Census Bureau reported that, of the 105.5 million households in the country, only about 4 million of them (3.7 percent) were multigenerational (U.S. Census Bureau 2001). It is no longer typical for older relatives to live with their children and grandchildren.

Attitudes toward the elderly have also been affected by large societal changes that have happened over the past 100 years. Researchers believe industrialization and modernization have contributed greatly to lowering the power, influence, and prestige the elderly once held.

The elderly have both benefitted and suffered from these rapid social changes. In modern societies, a strong economy created new levels of prosperity for many people. Health care has become more widely accessible and medicine has advanced, allowing the elderly to live longer. However, older people are not as essential to the economic survival of their families and communities as they were in the past.

Studying Aging Populations



Figure 1.2 How old is this woman? In modern American society, appearance is not a reliable indicator of age. In addition to genetic differences, health habits, hair dyes, Botox, and the like make traditional signs of aging increasingly unreliable. (Photo courtesy of the Sean and Lauren Spectacular/flickr)

Since its creation in 1790, the U.S. Census Bureau has been tracking age in the population. Age is an important factor to analyze with accompanying demographic figures, such as income and health. The population pyramid below shows projected age distribution patterns for the next several decades.

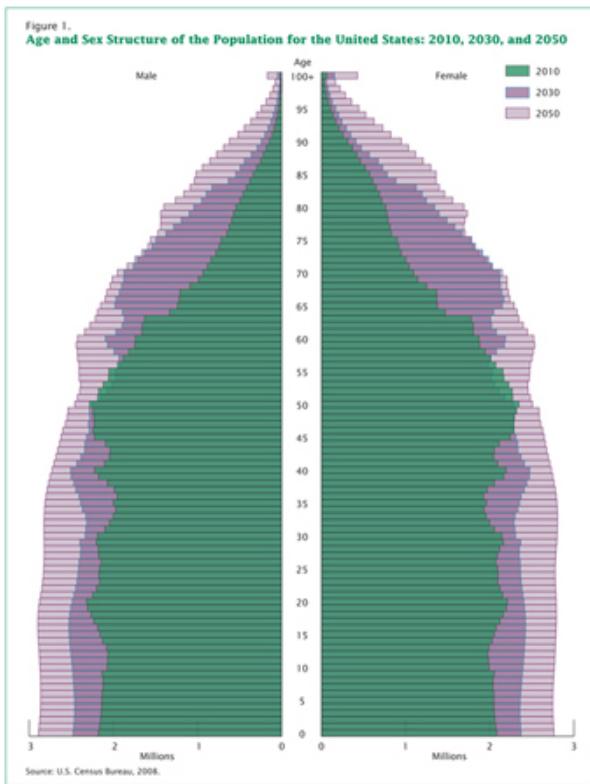


Figure 1.3 This population pyramid shows the age distribution pattern for 2010 and projected patterns for 2030 and 2050 (Graph courtesy of the U.S. Census Bureau).

Statisticians use data to calculate the median age of a population, that is, the number that marks the halfway point in a group's age range. In the United States, the median age is about 40 (U.S. Census Bureau 2010). That means that about half of Americans are under 40 and about half are over 40. This median age has been increasing, indicating the population as a whole is growing older.

A **cohort** is a group of people who share a statistical or demographic trait. People belonging to the same age cohort were born in the same time frame. Understanding a population's age composition can point to certain social and cultural factors and help governments and societies plan for future social and economic challenges. The cohort below compares the age distribution of the United States as a whole to the indigenous population.

Sociological studies on aging might help explain the difference between Native American age cohorts and the general population. While Native American societies have a strong tradition of revering their elders, they also have a lower life expectancy because of lack of access to health care and high levels of mercury in fish, a traditional part of their diet.

Phases of Aging: The Young-Old, Middle-Old, and Old-Old

In the United States, all people over age 18 are considered adults, but there is a large difference between a person aged 21 and a person who is 45. More specific breakdowns, such as "young adult" and "middle-aged adult," are helpful. In the same way, groupings are helpful in understanding the elderly. The elderly are often lumped together, grouping everyone over the age of 65. But a 65-year-old's experience of life is much different than a 90-year-old's.

The United States' older adult population can be divided into three life-stage subgroups: the young-old (approximately 65–74), the middle-old (ages 75–84), and the old-old (over age 85). Today's young-old age group is generally happier, healthier, and financially better off than the young-old of previous generations. In the United States, people are better able to prepare for aging because resources are more widely available.

Also, many people are making proactive quality-of-life decisions about their old age while they are still young. In the past, family members made care decisions when an elderly person reached a health crisis, often leaving the elderly person with little choice about what would happen. The elderly are now able to choose housing, for example, that allows them some independence while still providing care when it is needed. Living wills, retirement planning, and medical power of attorney are other concerns that are increasingly handled in advance.

The Graying of the United States



Figure 1.4 As senior citizens make up a larger percentage of the United States, the organizations supporting them grow stronger. (Photo courtesy of Congressman George Miller/flickr)

What does it mean to be elderly? Some define it as an issue of physical health, while others simply define it by chronological age. The U.S. government, for example, typically classifies people aged 65 years old as elderly, at which point citizens are eligible for federal benefits such as Social Security and Medicare. The World Health Organization has no standard, other than noting that 65 years old is the commonly accepted definition in most core nations, but it suggests a cut-off somewhere between 50 and 55 years old for semi-peripheral nations, such as those in Africa (World Health Organization 2012). AARP (formerly the American Association of Retired Persons) cites 50 as the eligible age of membership. It is interesting to note AARP's name change; by taking the word "retired" out of its name, the organization can broaden its base to any older Americans, not just retirees. This is especially important now that many people are working to age 70 and beyond.

There is an element of social construction, both local and global, in the way individuals and nations define who is elderly; that is, the shared meaning of the concept of elderly is created through interactions among people in society. This is exemplified by the truism that you are only as old as you feel.

Demographically, the U.S. population over age 65 increased from 3 million in 1900 to 33 million in 1994 (Hobbs 1994) and to 36.8 million in 2010 (U.S. Census Bureau 2011c). This is a greater than tenfold increase in the elderly population, compared to a mere tripling of both the total population and of the population under 65 (Hobbs 1994). This increase has been called "the graying of

America,” a term that describes the phenomenon of a larger and larger percentage of the population getting older and older. There are several reasons why America is graying so rapidly. One of these is **life expectancy**: the average number of years a person born today may expect to live. When reviewing Census Bureau statistics grouping the elderly by age, it is clear that in the United States, at least, we are living longer. Between 2000 and 2012, the number of elderly citizens between 90 and 94 increased by more than 30 percent, and the number of elderly citizens 95 to 99 increased by almost 30 percent. Finally, the number of **centenarians** (those 100 years or older) increased by 2,910: a mere 5.8 percent, but impressive nonetheless (Werner 2011).

It is interesting to note that not all Americans age equally. Most glaring is the difference between men and women; as the graph below shows, women have longer life expectancies than men. In 2010, there were ninety 65-year-old men per one hundred 65-year-old women. However, there were only eighty 75-year-old men per one hundred 75-year-old women, and only sixty 85-year-old men per one hundred 85-year-old women. Nevertheless, as the graph shows, the sex ratio actually increased over time, indicating that men are closing the gap between their life spans and those of women (U.S. Census Bureau 2010).

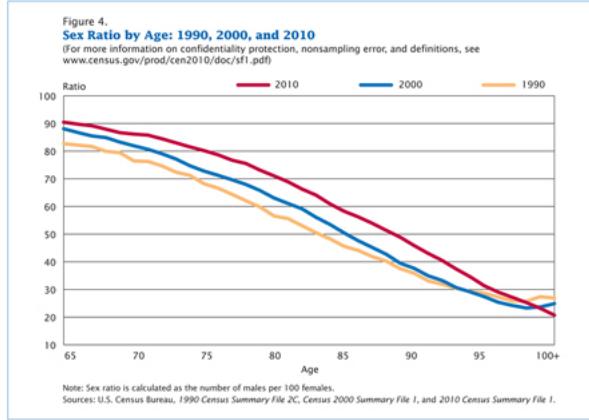


Figure 1.5 This U.S. Census graph shows that women live significantly longer than men. However, over the past two decades, men have narrowed the percentage by which women outlive them. (Graph courtesy of the U.S. Census Bureau)

Baby Boomers

Of particular interest to gerontologists right now is the population of **baby boomers**, the cohort born between 1946 and 1964 and just now reaching age 65. Coming of age in the 1960s and early 1970s, the baby boom generation was the first group of children and teenagers with their own spending power and therefore their own marketing power (Macunovich 2000). As this group has aged, it has redefined what it means to be young, middle aged, and, now, old. People in the boomer generation do not want to grow old the way their grandparents did; the result is a wide range of products designed to ward off the effects—or the signs—of aging. Previous generations of people over 65 were “old.” Baby boomers are in “later life” or “the third age” (Gilleard and Higgs 2007).

The baby boom generation is the cohort driving much of the dramatic increase in the over-65 population. The figure below shows a comparison of the U.S. population by age and gender between 2000 and 2010. The biggest bulge in the pyramid (representing the largest population group) moves up the pyramid over the course of the decade; in 2000, the largest population group was age 35 to 55. In 2010, that group was age 45 to 65, meaning the

oldest baby boomers are just reaching the age at which the U.S. Census considers them elderly. In 2020, we can predict, the baby boom bulge will continue to rise up the pyramid, making the largest U.S. population group between 65 and 85 years old.

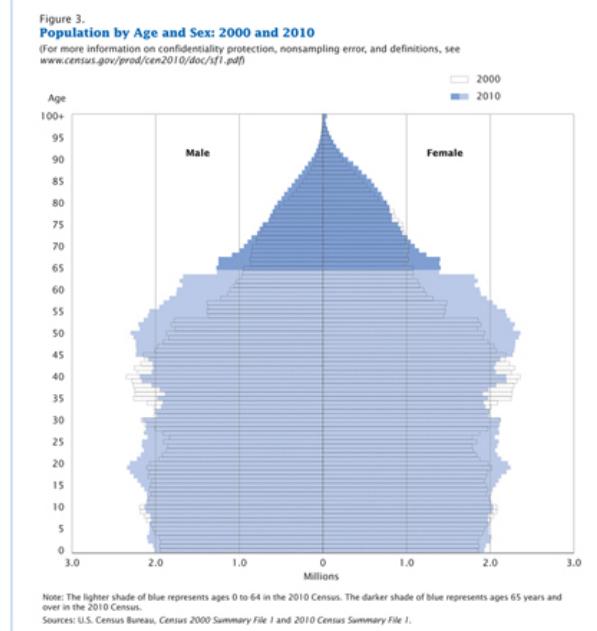


Figure 1.6 In this U.S. Census pyramid chart, the baby boom bulge was aged 35 to 55 in 2000. In 2010, they were aged 45 to 65. (Graph courtesy of the U.S. Census Bureau)

This aging of the baby boom cohort has serious implications for our society. Health care is one of the areas most impacted by this trend. For years, hand-wringing has abounded about the additional burden the boomer cohort will place on Medicare, a government-funded program that provides health care services to people over 65. And indeed, the Congressional Budget Office’s 2008 long-term outlook report shows that Medicare spending is expected to increase from 3 percent of gross domestic product (GDP) in 2009 to 8 percent of GDP in 2030, and to 15 percent in 2080 (Congressional Budget Office 2008).

Certainly, as boomers age, they will put increasing burdens on the entire U.S. health care system. A study from 2008 indicates that medical schools are not producing enough medical professionals who specialize in treating geriatric patients (Gerontological Society of America 2008). However, other studies indicate that aging boomers will bring economic growth to the health care industries, particularly in areas like pharmaceutical manufacturing and home health care services (Bierman 2011). Further, some argue that many of our medical advances of the past few decades are a result of boomers’ health requirements. Unlike the elderly of previous generations, boomers do not expect that turning 65 means their active lives are over. They are not willing to abandon work or leisure activities, but they may need more medical support to keep living vigorous lives. This desire of a large group of over-65-year-olds wanting to continue with a high activity level is driving innovation in the medical industry (Shaw).

The economic impact of aging boomers is also an area of concern for many observers. Although the baby boom generation earned more than previous generations and enjoyed a higher standard of living, they also spent their money lavishly and did not adequately prepare for retirement. According to a 2008 report from the McKinsey Global Institute, approximately two-thirds of early boomer households have not accumulated enough savings to

maintain their lifestyles. This will have a ripple effect on the economy as boomers work and spend less (Farrel et al. 2008).

Just as some observers are concerned about the possibility of Medicare being overburdened, Social Security is considered to be at risk. Social Security is a government-run retirement program funded primarily through payroll taxes. With enough people paying into the program, there should be enough money for retirees to take out. But with the aging boomer cohort starting to receive Social Security benefits, and with fewer workers paying into the Social Security trust fund, economists warn that the system will collapse by the year 2037. A similar warning came in the 1980s; in response to recommendations from the Greenspan Commission, the retirement age (the age at which people could start receiving Social Security benefits) was raised from 62 to 67 and the payroll tax was increased. A similar hike in retirement age, perhaps to 70, is a possible solution to the current threat to Social Security (Reuteman 2010).

Aging around the World



Figure 1.7 Cultural values and attitudes can shape people's experience of aging. (Photo courtesy of Tom Coppen/flickr)

From 1950 to approximately 2010, the global population of individuals age 65 and older increased by a range of 5–7 percent (Lee 2009). This percentage is expected to increase and will have a huge impact on the **dependency ratio**: the number of productive working citizens to non-productive (young, disabled, elderly) (Bartram and Roe 2005). One country that will soon face a serious aging crisis is China, which is on the cusp of an “aging boom”: a period when its elderly population will dramatically increase. The number of people above age 60 in China today is about 178 million, which amounts to 13.3 percent of its total population (Xuequan 2011). By 2050, nearly a third of the Chinese population will be age 60 or older, putting a significant burden on the labor force and impacting China’s economic growth (Bannister, Bloom, and Rosenberg 2010).

As health care improves and life expectancy increases across the world, elder care will be an emerging issue. Wienclaw (2009) suggests that with fewer working-age citizens available to provide home care and long-term assisted care to the elderly, the costs of elder care will increase.

Worldwide, the expectation governing the amount and type of elder care varies from culture to culture. For example, in Asia the responsibility for elder care lies firmly on the family (Yap, Thang, and Traphagan 2005). This is different from the approach in most Western countries, where the elderly are considered independent and are expected to tend to their own care. It is not uncommon for family members to intervene only if the elderly relative requires

assistance, often due to poor health. Even then, caring for the elderly is considered voluntary. In the United States, decisions to care for an elderly relative are often conditionally based on the promise of future returns, such as inheritance or, in some cases, the amount of support the elderly provided to the caregiver in the past (Hashimoto 1996).

These differences are based on cultural attitudes toward aging. In China, several studies have noted the attitude of **filial piety** (deference and respect to one’s parents and ancestors in all things) as defining all other virtues (Hsu 1971; Hamilton 1990). Cultural attitudes in Japan prior to approximately 1986 supported the idea that the elderly deserve assistance (Ogawa and Retherford 1993). However, seismic shifts in major social institutions (like family and economy) have created an increased demand for community and government care. For example, the increase in women working outside the home has made it more difficult to provide in-home care to aging parents, leading to an increase in the need for government-supported institutions (Raikhola and Kuroki 2009).

In the United States, by contrast, many people view caring for the elderly as a burden. Even when there is a family member able and willing to provide for an elderly family member, 60 percent of family caregivers are employed outside the home and are unable to provide the needed support. At the same time, however, many middle-class families are unable to bear the financial burden of “outsourcing” professional health care, resulting in gaps in care (Bookman and Kimbrel 2011). It is important to note that even within the United States not all demographic groups treat aging the same way. While most Americans are reluctant to place their elderly members into out-of-home assisted care, demographically speaking, the groups least likely to do so are Latinos, African Americans, and Asians (Bookman and Kimbrel 2011).

Globally, the United States and other core nations are fairly well equipped to handle the demands of an exponentially increasing elderly population. However, peripheral and semi-peripheral nations face similar increases without comparable resources. Poverty among elders is a concern, especially among elderly women. The feminization of the aging poor, evident in peripheral nations, is directly due to the number of elderly women in those countries who are single, illiterate, and not a part of the labor force (Mujahid 2006).

In 2002, the Second World Assembly on Aging was held in Madrid, Spain, resulting in the Madrid Plan, an internationally coordinated effort to create comprehensive social policies to address the needs of the worldwide aging population. The plan identifies three themes to guide international policy on aging: 1) publicly acknowledging the global challenges caused by, and the global opportunities created by, a rising global population; 2) empowering the elderly; and 3) linking international policies on aging to international policies on development (Zelenev 2008).

The Madrid Plan has not yet been successful in achieving all its aims. However, it has increased awareness of the various issues associated with a global aging population, as well as raising the international consciousness to the way that the factors influencing the vulnerability of the elderly (social exclusion, prejudice and discrimination, and a lack of socio-legal protection) overlap with other developmental issues (basic human rights, empowerment, and participation), leading to an increase in legal protections (Zelenev 2008).

1.2 | The Process of Aging

As human beings grow older, they go through different phases or stages of life. It is helpful to understand aging in the context of these phases. A **life course** is the period from birth to death, including a sequence of predictable life events such as physical maturation. Each phase comes with different responsibilities and expectations, which of course vary by individual and culture. Children love to play and learn, looking forward to becoming preteens. As preteens begin to test their independence, they are eager to become teenagers. Teenagers anticipate the promises and challenges of adulthood. Adults become focused on creating families, building careers, and experiencing the world as an independent person. Finally, many adults look forward to old age as a wonderful time to enjoy life without as much pressure from work and family life. In old age, grandparenthood can provide many of the joys of parenthood without all the hard work that parenthood entails. And as work responsibilities abate, old age may be a time to explore hobbies and activities that there was no time for earlier in life. But for other people, old age is not a phase looked forward to. Some people fear old age and do anything to “avoid” it, seeking medical and cosmetic fixes for the natural effects of age. These differing views on the life course are the result of the cultural values and norms into which people are socialized.

Through the phases of the life course, dependence and independence levels change. At birth, newborns are dependent on caregivers for everything. As babies become toddlers and toddlers become adolescents and then teenagers, they assert their independence more and more. Gradually, children are considered adults, responsible for their own lives, although the point at which this occurs is widely variable among individuals, families, and cultures.

As Riley (1978) notes, the process of aging is a lifelong process and entails maturation and change on physical, psychological, and social levels. Age, much like race, class, and gender, is a hierarchy in which some categories are more highly valued than others. For example, while many children look forward to gaining independence, Packer and Chasteen (2006) suggest that

even in children, age prejudice leads both society and the young to view aging in a negative light. This, in turn, can lead to a widespread segregation between the old and the young at the institutional, societal, and cultural levels (Hagestad and Uhlenberg 2006).

Biological Changes

Each person experiences age-related changes based on many factors. Biological factors such as molecular and cellular changes are called **primary aging**, while aging that occurs due to controllable factors such as lack of physical exercise and poor diet is called **secondary aging** (Whitbourne and Whitbourne 2010).

Most people begin to see signs of aging after age 50, when they notice the physical markers of age. Skin becomes thinner, drier, and less elastic. Wrinkles form. Hair begins to thin and gray. Men prone to balding start losing hair. The difficulty or relative ease with which people adapt to these changes is dependent in part on the meaning given to aging by their particular culture. A culture that values youthfulness and beauty above all else leads to a negative perception of growing old. Conversely, a culture that reveres the elderly for their life experience and wisdom contributes to a more positive perception of what it means to grow old.

The effects of aging can feel daunting, and sometimes the fear of physical changes (like declining energy, food sensitivity, and loss of hearing and vision) is more challenging to deal with than the changes themselves. The way people perceive physical aging is largely dependent on how they were socialized. If people can accept the changes in their bodies as a natural process of aging, the changes will not seem as frightening.

According to the federal Administration on Aging (2011), in 2009 fewer people over 65 assessed their health as “excellent” or “very good” (41.6 percent) compared to those aged 18–64 (64.4 percent). Evaluating data from the National Center for Health Statistics and the U.S. Bureau of Labor Statistics, the Administration on Aging found that from 2006 to 2008, the most frequently reported health issues for those over 65 included arthritis (50 percent), hypertension (38 percent), heart disease (32 percent), and cancer (22 percent). Additionally, about 27 percent of people

career CONNECTION

Dr. Ignatz Nascher and the Birth of Geriatrics

In the early 1900s, a New York physician named Dr. Ignatz Nascher coined the term **geriatrics**, a medical specialty focusing on the elderly. He created the word by combining two Greek words: *geron* (old man) and *iatrikos* (medical treatment). Nascher based his work on what he observed as a young medical student, when he saw many acutely ill elderly people who were diagnosed simply as “being old.” There was nothing medicine could do, his professors declared, about the syndrome of “old age.”

Nascher refused to accept this dismissive view, seeing it as medical neglect. He believed it was a doctor’s duty to prolong life and relieve suffering whenever possible. In 1914, he published his views in his book *Geriatrics: The Diseases of Old Age and Their*

Treatment (Clarfield 1990). Nascher saw the practice of caring for the elderly as separate from the practice of caring for the young, just as pediatrics (caring for children) is different from caring for grown adults (Clarfield 1990)

Nascher had high hopes for his pioneering work. He wanted to treat the aging, especially those who were poor and had no one to care for them. Many of the elderly poor were sent to live in “almshouses,” or public old-age homes (Cole 1993). Conditions were often terrible in these almshouses, where the aging were often sent and just forgotten.

As hard as it might be to believe today, Nascher’s approach was considered unique. At the time of Nascher’s death, in 1944, he was disappointed that the field of geriatrics had not made greater strides. In what ways are the elderly better off today than they were before Nascher’s ideas?



Figure 1.8 2 column figure - removes image from regular document flow and places image on the top of the next page

age 60 and older are considered obese by current medical standards. Parker and Thorslunf (2006) found that while the trend is toward steady improvement in most disability measures, there is a concomitant increase in functional impairments (disability) and chronic diseases. At the same time, medical advances have reduced some of the disabling effects of those diseases (Crimmins 2004).

Some impacts of aging are gender specific. Some of the disadvantages that aging women face rise from long-standing social gender roles. For example, Social Security favors men over women, inasmuch as women do not earn Social Security benefits for the unpaid labor they perform as an extension of their gender roles. In the health care field, elderly female patients are more likely than elderly men to see their health care concerns trivialized (Sharp 1995) and are more likely to have the health issues labeled psychosomatic (Munch 2004). Another female-specific aspect of aging is that mass-media outlets often depict elderly females in terms of negative stereotypes and as less successful than older men (Bazzini and McIntosh 1997).

For men, the process of aging—and society's response to and support of the experience—may be quite different. The gradual decrease in male sexual performance that occurs as a result of primary aging is medicalized and constructed as needing treatment (Marshall and Katz 2002) so that a man may maintain a sense of youthful masculinity. On the other hand, aging men have fewer opportunities to assert the masculine identities in the company of other men (e.g., sports participation) (Drummond 1998). And some social scientists have observed that the aging male body is depicted in the Western world as genderless (Spector-Mersel 2006).



Figure 1.9 Aging is accompanied by a host of biological, social, and psychological changes. (Photo courtesy of Michael Cohen/flickr)

Social and Psychological Changes

Male or female, growing older means confronting the psychological issues that come with entering the last phase of life. Young people moving into adulthood take on new roles and responsibilities as their lives expand, but an opposite arc can be observed in old age. What are the hallmarks of social and psychological change?

Retirement—the idea that one may stop working at a certain age—is a relatively recent idea. Up until the late 19th century, people worked about 60 hours a week and did so until they were physically incapable of continuing. Following the American Civil War, veterans receiving pensions were able to withdraw from the workforce, and the number of working older men began declining.

A second large decline in the number of working men began in the post-World War II era, probably due to the availability of Social Security, and a third large decline in the 1960s and 1970s was probably due to the social support offered by Medicare and the increase in Social Security benefits (Munnell 2011).

In the 21st century, most people hope that at some point they will be able to stop working and enjoy the fruits of their labor. But do people look forward to this time or do they fear it? When people retire from familiar work routines, some easily seek new hobbies, interests, and forms of recreation. Many find new groups and explore new activities, but others may find it more difficult to adapt to new routines and loss of social roles, losing their sense of self-worth in the process.

Each phase of life has challenges that come with the potential for fear. Erik H. Erikson (1902–1994), in his view of socialization, broke the typical life span into eight phases. Each phase presents a particular challenge that must be overcome. In the final stage, old age, the challenge is to embrace integrity over despair. Some people are unable to successfully overcome the challenge. They may have to confront regrets, such as being disappointed in their children's lives or perhaps their own. They may have to accept that they will never reach certain career goals. Or they must come to terms with what their career success has cost them, such as time with their family or declining personal health. Others, however, are able to achieve a strong sense of integrity, embracing the new phase in life. When that happens, there is tremendous potential for creativity. They can learn new skills, practice new activities, and peacefully prepare for the end of life.

For some, overcoming despair might entail remarriage after the death of a spouse. A study conducted by Kate Davidson (2002) reviewed demographic data that asserted men were more likely to remarry after the death of a spouse, and suggested that widows (the surviving female spouse of a deceased male partner) and widowers (the surviving male spouse of a deceased female partner) experience their postmarital lives differently. Many surviving women enjoyed a new sense of freedom, as many were living alone for the first time. On the other hand, for surviving men, there was a greater sense of having lost something, as they were now deprived of a constant source of care as well as the focus on their emotional life.

Aging and Sexuality



Figure 1.10 In *Harold and Maude*, a 1971 cult classic movie, a 20-something young man falls in love with a 79-year-old woman. The world reacts in disgust. What is your response to this picture, given that the two people are meant to be lovers, not grandmother and grandson? (Photo courtesy of luckyjackson/flickr)

It is no secret that Americans are squeamish about the subject of sex. And when the subject is the sexuality of elderly people? No

one wants to think about it or even talk about it. That fact is part of what makes 1971's *Harold and Maude* so provocative. In this cult favorite film, Harold, an alienated young man, meets and falls in love with Maude, a 79-year-old woman. What is so telling about the film is the reaction of his family, priest, and psychologist, who exhibit disgust and horror at such a match.

Although it is difficult to have an open, public national dialogue about aging and sexuality, the reality is that our sexual selves do not disappear after age 65. People continue to enjoy sex—and not always safe sex—well into their later years. In fact, some research suggests that as many as one in five new cases of AIDS occur in adults over 65 (Hillman 2011).

In some ways, old age may be a time to enjoy sex more, not less. For women, the elder years can bring a sense of relief as the fear of an unwanted pregnancy is removed and the children are grown and taking care of themselves. However, while we have expanded the number of psycho-pharmaceuticals to address sexual dysfunction in men, it was not until very recently that the medical field acknowledged the existence of female sexual dysfunctions (Bryant 2004).

Aging "Out:" LGBT Seniors



Figure 1.11 As same-sex marriage becomes a possibility, many gay and lesbian couples are finally able to tie the knot—sometimes as seniors—after decades of waiting. (Photo courtesy of Fibonacci Blue/flickr.)

How do different groups in our society experience the aging process? Are there any experiences that are universal, or do different populations have different experiences? An emerging field of study looks at how lesbian, gay, bisexual, and transgendered (LGBT) people experience the aging process and how their experience differs from that of other groups or the dominant group. This issue is expanding with the aging of the baby boom generation; not only will aging boomers represent a huge bump in the general elderly population, but the number of LGBT seniors is expected to double by 2030 (Fredriksen-Goldsen et al. 2011).

A recent study titled *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults* finds that LGBT older adults have higher rates of disability and depression than their heterosexual peers. They are also less likely to have a support system that might provide elder care: a partner and supportive children (Fredriksen-Goldsen et al. 2011). Even for those LGBT seniors who are partnered, some states do not recognize

a legal relationship between two people of the same sex, reducing their legal protection and financial options.

As they transition to assisted-living facilities, LGBT people have the added burden of “disclosure management:” the way they share their sexual and relationship identity. In one case study, a 78-year-old lesbian lived alone in a long-term care facility. She had been in a long-term relationship of 32 years and had been visibly active in the gay community earlier in her life. However, in the long-term care setting, she was much quieter about her sexual orientation. She “selectively disclosed” her sexual identity, feeling safer with anonymity and silence (Jenkins et al. 2010). A study from the National Senior Citizens Law Center reports that only 22 percent of LGBT older adults expect they could be open about their sexual orientation or gender identity in a long-term care facility. Even more telling is the finding that only 16 percent of non-LGBT older adults expected that LGBT people could be open with facility staff (National Senior Citizens Law Center 2011).

Same-sex marriage—a civil rights battleground that is being fought in many states—can have major implications for the way the LGBT community ages. With marriage comes the legal and financial protection afforded to opposite-sex couples, as well as less fear of exposure and a reduction in the need to “retreat to the closet” (Jenkins et al. 2010). Changes in this area are coming slowly, and in the meantime, advocates have many policy recommendations for how to improve the aging process for LGBT individuals. These recommendations include increasing federal research on LGBT elders, increasing (and enforcing existing) laws against discrimination, and amending the federal Family and Medical Leave Act to cover LGBT caregivers (Grant 2009).

experience. It may be their first encounter with **grief**, a psychological, emotional, and social response to the feelings of loss that accompanies death or a similar event.

People tend to perceive death, their own and that of others, based on the values of their culture. While some may look upon death as the natural conclusion to a long, fruitful life, others may find the prospect of dying frightening to contemplate. People tend to have strong resistance to the idea of their own death, and strong emotional reactions of loss to the death of loved ones. Viewing death as a loss, as opposed to a natural or tranquil transition, is often considered normal in the United States.

What may be surprising is how few studies were conducted on death and dying prior to the 1960s. Death and dying were fields that had received little attention until a psychologist named Elisabeth Kübler-Ross began observing people who were in the process of dying. As Kübler-Ross witnessed people’s transition toward death, she found some common threads in their experiences. She observed that the process had five distinct stages: denial, anger, bargaining, depression, and acceptance. She published her findings in a 1969 book called *On Death and Dying*. The book remains a classic on the topic today.

Kübler-Ross found that a person’s first reaction to the prospect of dying is *denial*: This is characterized by not wanting to believe that he or she is dying, with common thoughts such as “I feel fine” or “This is not really happening to me.” The second stage is *anger*, when loss of life is seen as unfair and unjust. A person then resorts to the third stage, *bargaining*: trying to negotiate with a higher power to postpone the inevitable by reforming or changing the way he or she lives. The fourth stage, *psychological depression*, allows for resignation as the situation begins to seem hopeless. In the final stage, a person adjusts to the idea of death and reaches *acceptance*. At this point, the person can face death honestly, regarding it as a natural and inevitable part of life, and can make the most of their remaining time.

The work of Kübler-Ross was eye-opening when it was introduced. It broke new ground and opened the doors for sociologists, social workers, health practitioners, and therapists to study death and help those who were facing death. Kübler-Ross’s work is generally considered a major contribution to **thanatology**: the systematic study of death and dying.

Of special interests to thanatologists is the concept of “dying with dignity.” Modern medicine includes advanced medical technology that may prolong life without a parallel improvement to the quality of life one may have. In some cases, people may not want to continue living when they are in constant pain and no longer enjoying life. Should patients have the right to choose to die with dignity? Dr. Jack Kevorkian was a staunch advocate for **physician-assisted suicide**: the voluntary or physician-assisted use of lethal medication provided by a medical doctor to end one’s life. This right to have a doctor help a patient die with dignity is controversial. In the United States, Oregon was the first state to pass a law allowing physician-assisted suicides. In 1997, Oregon instituted the Death with Dignity Act, which required the presence of two physicians for a legal assisted suicide. This law was successfully challenged by U.S. Attorney General John Ashcroft in 2001, but the appeals process ultimately upheld the Oregon law. Subsequently, both Montana and Washington have passed similar laws.

The controversy surrounding death with dignity laws is emblematic of the way our society tries to separate itself from



Figure 1.12 A young man sits at the grave of his great-grandmother.
(Photo courtesy of Sara Goldsmith/flickr)

For most of human history, the standard of living was significantly lower than it is now. Humans struggled to survive with few amenities and very limited medical technology. The risk of death due to disease or accident was high in any life stage, and life expectancy was low. As people began to live longer, death became associated with old age.

For many teenagers and young adults, losing a grandparent or another older relative can be the first loss of a loved one they

death. Health institutions have built facilities to comfortably house those who are terminally ill. This is seen as a compassionate act, helping relieve the surviving family members of the burden of caring for the dying relative. But studies almost universally show that people prefer to die in their own homes (Lloyd, White, and Sutton 2011). Is it our social responsibility to care for elderly relatives up until their death? How do we balance the responsibility for caring for an elderly relative with our other responsibilities and obligations? As our society grows older, and as new medical technology can prolong life even further, the answers to these questions will develop and change.

The changing concept of **hospice** is an indicator of our society's changing view of death. Hospice is a type of health care that treats terminally ill people when "cure-oriented treatments" are no longer an option (Hospice Foundation of America 2012b). Hospice doctors, nurses, and therapists receive special training in the care of the dying. The focus is not on getting better or curing the illness, but on passing out of this life in comfort and peace. Hospice centers exist as a place where people can go to die in comfort, and increasingly, hospice services encourage at-home care so that someone has the comfort of dying in a familiar environment, surrounded by family (Hospice Foundation of America 2012a). While many of us would probably prefer to avoid thinking of the end of our lives, it may be possible to take comfort in the idea that when we do approach death in a hospice setting, it is in a familiar, relatively controlled place.

1.3 | Challenges Facing the Elderly

Aging comes with many challenges. The loss of independence is one potential part of the process, as are diminished physical ability and age discrimination. The term **senescence** refers to the aging process, including biological, emotional, intellectual, social, and spiritual changes. This section discusses some of the challenges we encounter during this process.

As already observed, many older adults remain highly self-sufficient. Others require more care. Because the elderly typically no longer hold jobs, finances can be a challenge. And due to cultural misconceptions, older people can be targets of ridicule and stereotypes. The elderly face many challenges in later life, but they do not have to enter old age without dignity.

Poverty



(a)

Figure 1.13 While elderly poverty rates showed an improvement trend for decades, the 2008 recession has changed some older people's financial futures. Some who had planned a leisurely retirement have found themselves at risk of late-age destitution. (Photo (a) courtesy of Michael Cohen/flickr; photo (b) courtesy of Alex Proimos/flickr)

For many people in the United States, growing older once meant living with less income. In 1960, almost 35 percent of the elderly existed on poverty-level incomes. A generation ago, the nation's oldest populations had the highest risk of living in poverty.

At the start of the 21st century, the older population was putting an end to that trend. Among people over 65, the poverty rate fell from 30 percent in 1967 to 9.7 percent in 2008, well below the national average of 13.2 percent (U.S. Census Bureau 2009). However, with the subsequent recession, which severely reduced the retirement savings of many while taxing public support systems, how are the elderly affected? According to the Kaiser Commission on Medicaid and the Uninsured, the national poverty rate among the elderly had risen to 14 percent by 2010 (Urban Institute and Kaiser Commission 2010).

Before the recession hit, what had changed to cause a reduction in poverty among the elderly? What social patterns contributed to the shift? For several decades, a greater number of women joined the workforce. More married couples earned double incomes during their working years and saved more money for their retirement. Private employers and governments began offering better retirement programs. By 1990, senior citizens reported earning 36 percent more income on average than they did in 1980; that was five times the rate of increase for people under age 35 (U.S. Census Bureau 2009).

In addition, many people were gaining access to better health care. New trends encouraged people to live more healthful lifestyles, placing an emphasis on exercise and nutrition. There was also greater access to information about the health risks of behaviors such as cigarette smoking, alcohol consumption, and drug use. Because they were healthier, many older people continue to work past the typical retirement age, providing more opportunity to save for retirement. Will these patterns return once the recession ends? Sociologists will be watching to see. In the meantime, they are realizing the immediate impact of the recession on elderly poverty.

During the recession, older people lost some of the financial advantages that they'd gained in the 1980s and 1990s. From October 2007 to October 2009 the values of retirement accounts for people over age 50 lost 18 percent of their value. The sharp decline

in the stock market also forced many to delay their retirement (Administration on Aging 2009).

Ageism



Figure 1.14 Are these street signs humorous or offensive? What shared assumptions make them humorous? Or is memory loss too serious to be made fun of? (Photo courtesy of Tumbleweed/flickr)

Driving to the grocery store, Peter, 23, got stuck behind a car on a four-lane main artery through his city's business district. The speed limit was 35 miles per hour, and while most drivers sped along at 40 to 45 mph, the driver in front of him was going the minimum speed. Peter tapped on his horn. He tailgated the driver. Finally, Peter had a chance to pass the car. He glanced over. Sure enough, Peter thought, a gray-haired old man guilty of "DWE," driving while elderly.

At the grocery store, Peter waited in the checkout line behind an older woman. She paid for her groceries, lifted her bags of food into her cart, and toddled toward the exit. Peter, guessing her to be about 80, was reminded of his grandmother. He paid for his groceries and caught up with her.

"Can I help you with your cart?" he asked.

"No, thank you. I can get it myself," she said and marched off toward her car.

Peter's responses to both older people, the driver and the shopper, were prejudiced. In both cases, he made unfair assumptions. He assumed the driver drove cautiously simply because the man was a senior citizen, and he assumed the shopper needed help carrying her groceries just because she was an older woman.

Responses like Peter's toward older people are fairly common. He didn't intend to treat people differently based on personal or cultural biases, but he did. **Ageism** is discrimination (when someone acts on a prejudice) based on age. Dr. Robert Butler coined the term in 1968, noting that ageism exists in all cultures (Brownell). Ageist attitudes and biases based on stereotypes reduce elderly people to inferior or limited positions.

Ageism can vary in severity. Peter's attitudes are probably seen as fairly mild, but relating to the elderly in ways that are patronizing can be offensive. When ageism is reflected in the workplace, in health care, and in assisted-living facilities, the

effects of discrimination can be more severe. Ageism can make older people fear losing a job, feel dismissed by a doctor, or feel a lack of power and control in their daily living situations.

In early societies, the elderly were respected and revered. Many preindustrial societies observed **gerontocracy**, a type of social structure wherein the power is held by a society's oldest members. In some countries today, the elderly still have influence and power and their vast knowledge is respected.

In many modern nations, however, industrialization contributed to the diminished social standing of the elderly. Today wealth, power, and prestige are also held by those in younger age brackets. The average age of corporate executives was 59 in 1980. In 2008, the average age had lowered to 54 (Stuart 2008). Some older members of the workforce felt threatened by this trend and grew concerned that younger employees in higher level positions would push them out of the job market. Rapid advancements in technology and media have required new skill sets that older members of the workforce are less likely to have.

Changes happened not only in the workplace but also at home. In agrarian societies, a married couple cared for their aging parents. The oldest members of the family contributed to the household by doing chores, cooking, and helping with child care. As economies shifted from agrarian to industrial, younger generations moved to cities to work in factories. The elderly began to be seen as an expensive burden. They did not have the strength and stamina to work outside the home. What began during industrialization, a trend toward older people living apart from their grown children, has become commonplace.

Mistreatment and Abuse

Mistreatment and abuse of the elderly is a major social problem. As expected, with the biology of aging, the elderly sometimes become physically frail. This frailty renders them dependent on others for care—sometimes for small needs like household tasks, and sometimes for assistance with basic functions like eating and toileting. Unlike a child, who also is dependent on another for care, an elder is an adult with a lifetime of experience, knowledge, and opinions—a more fully developed person. This makes the care providing situation more complex.

Elder abuse describes when a caretaker intentionally deprives an older person of care or harms the person in their charge. Caregivers may be family members, relatives, friends, health professionals, or employees of senior housing or nursing care. The elderly may be subject to many different types of abuse.

In a 2009 study on the topic led by Dr. Ron Acieno, the team of researchers identified five major categories of elder abuse: 1) physical abuse, such as hitting or shaking, 2) sexual abuse including rape and coerced nudity, 3) psychological or emotional abuse, such as verbal harassment or humiliation, 4) neglect or failure to provide adequate care, and 5) financial abuse or exploitation (Acieno 2010).

The National Center on Elder Abuse (NCEA), a division of the U.S. Administration on Aging, also identifies abandonment and self-neglect as types of abuse. **Table 1.1** shows some of the signs and symptoms that the NCEA encourages people to notice.

The National Center on Elder Abuse encourages people to watch for these signs of mistreatment. (Chart courtesy of National Center on Elder Abuse)

Type of Abuse	Signs and Symptoms
Physical abuse	Bruises, untreated wounds, sprains, broken glasses, lab findings of medication overdosage
Sexual abuse	Bruises around breasts or genitals, torn or bloody underclothing, unexplained venereal disease
Emotional/psychological abuse	Being upset or withdrawn, unusual dementia-like behavior (rocking, sucking)
Neglect	Poor hygiene, untreated bed sores, dehydration, soiled bedding
Financial	Sudden changes in banking practices, inclusion of additional names on bank cards, abrupt changes to will
Self-neglect	Untreated medical conditions, unclean living area, lack of medical items like dentures or glasses

How prevalent is elder abuse? Two recent U.S. studies found that roughly 1 in 10 elderly people surveyed had suffered at least one form of elder abuse. Some social researchers believe elder abuse is underreported and that the number may be higher. The risk of abuse also increases in people with health issues such as dementia (Kohn and Verhoek-Oftedahl 2011). Older women were found to be victims of verbal abuse more often than their male counterparts.

In Acierno's study, which included a sample of 5,777 respondents age 60 and older, 5.2 percent of respondents reported financial abuse, 5.1 percent said they'd been neglected, and 4.6 endured emotional abuse (Acierno 2010). The prevalence of physical and sexual abuse was lower at 1.6 and 0.6 percent, respectively (Acierno 2010).

Other studies have focused on the caregivers to the elderly in an attempt to discover the causes of elder abuse. Researchers identified factors that increased the likelihood of caregivers perpetrating abuse against those in their care. Those factors include inexperience, having other demands such as jobs (for those who weren't professionally employed as caregivers), caring for children, living full time with the dependent elder, and experiencing high stress, isolation, and lack of support (Kohn and Verhoek-Oftedahl 2011).

A history of depression in the caregiver was also found to increase the likelihood of elder abuse. Neglect was more likely when care was provided by paid caregivers. Many of the caregivers who physically abused elders were themselves abused—in many cases, when they were children. Family members with some sort of dependency on the elder in their care were more likely to physically abuse that elder. For example, an adult child caring for an elderly parent while, at the same time, depending on some form of income from that parent, would be considered more likely to perpetrate physical abuse (Kohn and Verhoek-Oftedahl 2011).

A survey in Florida found that 60.1 percent of caregivers reported verbal aggression as a style of conflict resolution. Paid caregivers in nursing homes were at a high risk of becoming abusive if they had low job satisfaction, treated the elderly like children, or felt burnt out (Kohn and Verhoek-Oftedahl 2011). Caregivers who tended to be verbally abusive were found to have had less training, lower education, and higher likelihood of depression or other psychiatric disorders. Based on the results of these studies, many housing facilities for seniors have increased their screening procedures for caregiver applicants.

World War II Veterans



Figure 1.15 World War II (1941–1945) veterans and members of an Honor Flight from Milwaukee, Wisconsin, visit the National World War II Memorial in Washington, D.C. Most of these men and women were in their late teens or 20s when they served. (Photo courtesy of Sean Hackbart/flickr)

World War II veterans are aging. Many are in their 80s and 90s. They are dying at an estimated rate of about 740 per day, according to the U.S. Veterans Administration (National Center for Veterans Analysis and Statistics 2011). Data suggest that by 2036, there will be no living veterans of WWII (U.S. Department of Veteran Affairs).

When these veterans came home from the war and ended their service, little was known about posttraumatic stress disorder (PTSD). These heroes did not receive the mental and physical health care that could have helped them. As a result, many of them, now in old age, are dealing with the effects of PTSD. Research suggests a high percentage of World War II veterans are plagued by flashback memories and isolation, and that many “self-medicate” with alcohol.

Research has found that veterans of any conflict are more than twice as likely as non-veterans to commit suicide, with rates highest among the oldest veterans. Reports show that WWII-era veterans are four times as likely to take their own lives as people of the same age with no military service (Glantz 2010).

In May 2004, the National World War II Memorial in Washington, D.C., was completed and dedicated to honor those who served during the conflict. Dr. Earl Morse, a physician and retired Air Force captain, treated many WWII veterans. He encouraged them to visit the memorial, knowing it could help them heal. Many WWII veterans expressed interest in seeing the memorial. Unfortunately, many were in their 80s and were neither physically nor financially able to travel on their own. Dr. Morse arranged to personally escort some of the veterans and enlisted volunteer pilots who would pay for the flights themselves. He also raised money, insisting the veterans pay nothing. By the end of 2005, 137 veterans,

many in wheelchairs, had made the trip. The Honor Flight Network was up and running.

As of 2010, the Honor Flight Network had flown more than 120,000 U.S. veterans of World War II, and some veterans of the Korean War, to Washington. The round-trip flights leave for day-long trips from airports in 30 states, staffed by volunteers who care for the needs of the elderly travelers (Honor Flight Network 2011).

1.4 | Theoretical Perspectives on Aging

What roles do individual senior citizens play in your life? How do you relate to and interact with older people? What role do they play in neighborhoods and communities, in cities and in states?

Sociologists are interested in exploring the answers to questions such as these through three different perspectives: functionalism, symbolic interactionism, and conflict theory.

Functionalism

Functionalists analyze how the parts of society work together. Functionalists gauge how society's parts are working together to keep society running smoothly. How does this perspective address aging? The elderly, as a group, are one of society's vital parts.

Functionalists find that people with better resources who stay active in other roles adjust better to old age (Crosnoe and Elder 2002). Three social theories within the functional perspective were developed to explain how older people might deal with later-life experiences.



Figure 1.16 Does being old mean disengaging from the world? (Photo courtesy of Candida Perfuma/Wikimedia Commons)

The earliest gerontological theory in the functionalist perspective is **disengagement theory**, which suggests that withdrawing from society and social relationships is a natural part of growing old. There are several main points to the theory. First, because everyone expects to die one day, and because we experience physical and mental decline as we approach death, it is natural to withdraw from individuals and society. Second, as the elderly withdraw, they receive less reinforcement to conform to social norms. Therefore, this withdrawal allows a greater freedom from the pressure to conform. Finally, social withdrawal is gendered, meaning it is experienced differently by men and women. Because men focus on work and women focus on marriage and family, when they withdraw they will be unhappy and directionless

until they adopt a role to replace their accustomed role that is compatible with the disengaged state (Cummings and Henry 1961).

The suggestion that old age was a distinct state in the life course, characterized by a distinct change in roles and activities, was groundbreaking when it was first introduced. However, the theory is no longer accepted in its classic form. Criticisms typically focus on the application of the idea that seniors universally naturally withdraw from society as they age, and that it does not allow for a wide variation in the way people experience aging (Hochschild 1975).

The social withdrawal that Cummings and Henry recognized (1961), and its notion that elderly people need to find replacement roles for those they've lost, is addressed anew in **activity theory**. According to this theory, activity levels and social involvement are key to this process, and key to happiness (Havinghurst 1961; Neugarten 1964; Havinghurst, Neugarten, and Tobin 1968). According to this theory, the more active and involved an elderly person is, the happier he or she will be. Critics of this theory point out that access to social opportunities and activity are not equally available to all. Moreover, not everyone finds fulfillment in the presence of others or participation in activities. Reformulations of this theory suggest that participation in informal activities, such as hobbies, are what most effect later life satisfaction (Lemon, Bengtson, and Petersen 1972).

According to **continuity theory**, the elderly make specific choices to maintain consistency in internal (personality structure, beliefs) and external structures (relationships), remaining active and involved throughout their elder years. This is an attempt to maintain social equilibrium and stability by making future decisions on the basis of already developed social roles (Atchley 1971; Atchley 1989). One criticism of this theory is its emphasis on so-called "normal" aging, which marginalizes those with chronic diseases such as Alzheimer's.

The Graying of American Prisons



Figure 1.17 Would you want to spend your retirement here? A growing elderly prison population requires asking questions about how to deal with senior inmates. (Photo courtesy of Claire Rowland/Wikimedia Commons)

Earl Grimes is a 79-year-old inmate at a state prison. He has undergone two cataract surgeries and takes about \$1,000 a month worth of medication to manage a heart condition. He needs significant help moving around, which he obtains by

bribing younger inmates. He is serving a life prison term for a murder he committed 38 years—half a lifetime—ago (Warren 2002).

Grimes' situation exemplifies the problems facing prisons today. According to a recent report released by Human Rights Watch (2012), there are now more than 124,000 prisoners age 55 or older and over 26,000 prisoners age 65 or older in the U.S. prison population. These numbers represent an exponential rise over the last two decades. Why are American prisons graying so rapidly?

Two factors contribute significantly to this country's aging prison population. One is the tough-on-crime reforms of the 1980s and 1990s, when mandatory minimum sentencing and “three strikes” policies sent many people to jail for 30 years to life, even when the third strike was a relatively minor offense (Leadership Conference N.d.). Many of today's elderly prisoners are those who were incarcerated 30 years ago for life sentences. The other factor influencing today's aging prison population is the aging of the overall population. As discussed in the section on aging in the United States, the percentage of people over 65 is increasing each year due to rising life expectancies and the aging of the baby boom generation.

So why should it matter that the elderly prison population is growing so swiftly? As discussed in the section on the process of aging, growing older is accompanied by a host of physical problems, like failing vision, mobility, and hearing. Chronic illnesses like heart disease, arthritis, and diabetes also become increasingly common as people age, whether they are in prison or not. In many cases, elderly prisoners are physically incapable of committing a violent—or possibly any—crime. Is it ethical to keep them locked up for the short remainder of their lives?

There seem to be a lot of reasons, both financial and ethical, to release some elderly prisoners to live the rest of their lives—and die—in freedom. However, few lawmakers are willing to appear soft on crime by releasing convicted felons from prison, especially if their sentence was “life without parole” (Warren 2002).

wealthy few while marginalizing everyone else. According to the guiding principle of conflict theory, social groups compete with other groups for power and scarce resources. Applied to society's aging population, the principle means that the elderly struggle with other groups—for example, younger society members—to retain a certain share of resources. At some point, this competition may become conflict.

For example, some people complain that the elderly get more than their fair share of society's resources. In hard economic times, there is great concern about the huge costs of Social Security and Medicare. One of every four tax dollars, or about 28 percent, is spent on these two programs. In 1950, the federal government paid \$781 million in Social Security payments. Now, the payments are 870 times higher. In 2008, the government paid \$296 billion (Statistical Abstract 2011). The medical bills of the nation's elderly population are rising dramatically. While there is more care available to certain segments of the senior community, it must be noted that the financial resources available to the aging can vary tremendously by race, social class, and gender.

There are three classic theories of aging within the conflict perspective. **Modernization theory** (Cowgill and Holmes 1972) suggests that the primary cause of the elderly losing power and influence in society are the parallel forces of industrialization and modernization. As societies modernize, the status of elders decreases, and they are increasingly likely to experience social exclusion. Before industrialization, strong social norms bound the younger generation to care for the older. Now, as societies industrialize, the nuclear family replaces the extended family. Societies become increasingly individualistic, and norms regarding the care of older people change. In an individualistic industrial society, caring for an elderly relative is seen as a voluntary obligation that may be ignored without fear of social censure.

The central reasoning of modernization theory is that as long as the extended family is the standard family, as in preindustrial economies, elders will have a place in society and a clearly defined role. As societies modernize, the elderly, unable to work outside of the home, have less to offer economically and are seen as a burden. This model may be applied to both the developed and the developing world, and it suggests that as people age they will be abandoned and lose much of their familial support since they become a nonproductive economic burden.

Another theory in the conflict perspective is **age stratification theory** (Riley, Johnson, and Foner 1972). Though it may seem obvious now, with our awareness of ageism, age stratification theorists were the first to suggest that members of society might be stratified by age, just as they are stratified by race, class, and gender. Because age serves as a basis of social control, different age groups will have varying access to social resources such as political and economic power. Within societies, behavioral age norms, including norms about roles and appropriate behavior, dictate what members of age cohorts may reasonably do. For example, it might be considered deviant for an elderly woman to wear a bikini because it violates norms denying the sexuality of older females. These norms are specific to each age strata, developing from culturally based ideas about how people should “act their age.”

Thanks to amendments to the Age Discrimination in Employment Act (ADEA), which drew attention to some of the ways in which our society is stratified based on age, U.S. workers no longer must retire upon reaching a specified age. As first passed in 1967, the ADEA provided protection against a broad range of age discrimination and specifically addressed termination of

Conflict Perspective



Figure 1.18 At a public protest, older people make their voices heard. In advocating for themselves, they help shape public policy and alter the allotment of available resources. (Photo courtesy of longislandwins/flickr)

Theorists working the conflict perspective view society as inherently unstable, an institution that privileges the powerful

employment due to age, age specific layoffs, advertised positions specifying age limits or preferences, and denial of health care benefits to those over 65 (U.S. EEOC 2012).

Age stratification theory has been criticized for its broadness and its inattention to other sources of stratification and how these might intersect with age. For example, one might argue that an older white male occupies a more powerful role, and is far less limited in his choices, compared to an older white female based on his historical access to political and economic power.

Finally, **exchange theory** (Dowd 1975), a rational choice approach, suggests we experience an increased dependence as we age and must increasingly submit to the will of others because we have fewer ways of compelling others to submit to us. Indeed, inasmuch as relationships are based on mutual exchanges, as the elderly become less able to exchange resources, they will see their social circles diminish. In this model, the only means to avoid being discarded is to engage in resource management, like maintaining a large inheritance or participating in social exchange systems via child care. In fact, the theory may depend too much on the assumption that individuals are calculating. It is often criticized for affording too much emphasis to material exchange and devaluing nonmaterial assets such as love and friendship.



Figure 1.19 The subculture of aging theory posits that the elderly create their own communities because they have been excluded from other groups. (Photo courtesy of Icnacio Palomo Duarte/flickr)

Symbolic Interactionism

Generally, theories within the symbolic interactionist perspective focus on how society is created through the day-to-day interaction of individuals, as well as the way people perceive themselves and others based on cultural symbols. This microanalytic perspective assumes that if people develop a sense of identity through their social interactions, their sense of self is dependent on those interactions. A woman whose main interactions with society make her feel old and unattractive may lose her sense of self. But a woman whose interactions make her feel valued and important will have a stronger sense of self and a happier life.

Symbolic interactionists stress that the changes associated with old age, in and of themselves, have no inherent meaning. Nothing in the nature of aging creates any particular, defined set of attitudes. Rather, attitudes toward the elderly are rooted in society.

One microanalytical theory is Rose's (1962) **subculture of aging theory**, which focuses on the shared community created by the elderly when they are excluded (due to age), voluntarily or involuntarily, from participating in other groups. This theory suggests that elders will disengage from society and develop new patterns of interaction with peers who share common backgrounds

and interests. For example, a group consciousness may develop within such groups as AARP around issues specific to the elderly like the Medicare "doughnut hole," focused on creating social and political pressure to fix those issues. Whether brought together by social or political interests, or even geographic regions, elders may find a strong sense of community with their new group.

Another theory within the symbolic interaction perspective is **selective optimization with compensation theory**. Baltes and Baltes (1990) based their theory on the idea that successful personal development throughout the life course and subsequent mastery of the challenges associated with everyday life are based on the components of selection, optimization, and compensation. Though this happens at all stages in the life course, in the field of gerontology, researchers focus attention on balancing the losses associated with aging with the gains stemming from the same. Here, aging is a process and not an outcome, and the goals (compensation) are specific to the individual.

According to this theory, our energy diminishes as we age, and we select (selection) personal goals to get the most (optimize) for the effort we put into activities, in this way making up for (compensation) the loss of a wider range of goals and activities. In this theory, the physical decline postulated by disengagement theory may result in more dependence, but that is not necessarily negative, as it allows aging individuals to save their energy for the most meaningful activities. For example, a professor who values teaching sociology may participate in a phased retirement, never entirely giving up teaching, but acknowledging personal physical limitations that allow teaching only one or two classes per year.

Swedish sociologist Lars Tornstam developed a symbolic interactionist theory called **gerotranscendence**: the idea that as people age, they transcend the limited views of life they held in earlier times. Tornstam believes that throughout the aging process, the elderly become less self-centered and feel more peaceful and connected to the natural world. Wisdom comes to the elderly, Tornstam's theory states, and as the elderly tolerate ambiguities and seeming contradictions, they let go of conflict, and develop softer views of right and wrong (Tornstam 2005).

Tornstam does not claim that everyone will achieve wisdom in aging. Some elderly people might still grow bitter and isolated, feel ignored and left out, or become grumpy and judgmental. Symbolic interactionists believe that, just as in other phases of life, individuals must struggle to overcome their own failings and turn them into strengths.

Key Terms

activity theory theory which suggests that for individuals to enjoy old age and feel satisfied, they must maintain activities and find a replacement for the statuses and associated roles they have left behind as they aged

age stratification theory theory which states that members of society are stratified by age, just as they are stratified by race, class, and gender

ageism discrimination based on age

baby boomers Americans born between approximately 1946 and 1964

centenarians people 100 years old or older

cohort a group of people who share a statistical or demographic trait

continuity theory theory which states that the elderly make specific choices to maintain consistency in internal (personality structure, beliefs) and external structures (relationships), remaining active and involved throughout their elder years

dependency ratio the number of productive working citizens to non-productive (young, disabled, or elderly)

disengagement theory theory which suggests that withdrawing from society and social relationships is a natural part of growing old

elder abuse when a caretaker intentionally deprives an older person of care or harms the person in their charge

exchange theory theory which suggests that we experience an increased dependence as we age and must increasingly submit to the will of others, because we have fewer ways of compelling others to submit to us

filial piety deference and respect to one's parents and ancestors in all things

geriatrics a medical specialty focusing on the elderly

gerontocracy a type of social structure wherein the power is held by a society's oldest members

gerontology a field of science that seeks to understand the process of aging and the challenges encountered as seniors grow older

gerotranscendence the idea that as people age, they transcend limited views of life they held in earlier times

grief a psychological, emotional, and social response to the feelings of loss that accompanies death or a similar event

hospice health care that treats terminally ill people by providing comfort during the dying process

life course the period from birth to death, including a sequence of predictable life events

life expectancy the number of years a newborn is expected to live

modernization theory theory which suggests that the primary cause of the elderly losing power and influence in society are the parallel forces of industrialization and modernization

physician-assisted suicide the voluntary use of lethal medication provided by a medical doctor to end one's life

primary aging biological factors such as molecular and cellular changes

secondary aging aging that occurs due to controllable factors like exercise and diet

selective optimization with compensation theory based on the idea that successful personal development throughout the life course and subsequent mastery of the challenges associated with everyday life are based on the components of selection, optimization, and compensation

senescence the aging process, including biological, intellectual, emotional, social, and spiritual changes

social gerontology a specialized field of gerontology that examines the social (and sociological) aspects of aging

subculture of aging theory theory that focuses on the shared community created by the elderly when they are excluded (due to age), voluntarily or involuntarily, from participating in other groups

thanatology the systematic study of death and dying

1.1 | Who Are the Elderly? Aging in Society

The social study of aging uses population data and cohorts to predict social concerns related to aging populations. In the United States, the population is increasingly older (called “the graying of America”), especially due to the baby boomer segment. Global studies on aging reveal a difference in life expectancy between core and peripheral nations as well as a discrepancy in nations’ preparedness for the challenges of increasing elderly populations.

1.2 | The Process of Aging

Old age affects every aspect of human life: biological, social, and psychological. Although medical technology has lengthened life expectancies, it cannot eradicate aging and death. Cultural attitudes shape the way our society views old age and dying, but these attitudes shift and evolve over time.

1.3 | Challenges Facing the Elderly

As people enter old age, they face challenges. Ageism, which involves stereotyping and discrimination against the elderly, leads

to misconceptions about their abilities. Although elderly poverty has been improving for decades, many older people may be detrimentally affected by the 2008 recession. Some elderly people grow physically frail and, therefore, dependent on caregivers, which increases their risk of elder abuse.

1.4 | Theoretical Perspectives on Aging

The three major sociological perspectives inform the theories of aging. Theories in the functionalist perspective focus on the role of elders in terms of the functioning of society as a whole. Theories in the conflict perspective concentrate on how elders, as a group, are at odds with other groups in society. And theories in the symbolic interactionist perspective focus on how elders' identities are created through their interactions.

1.1 | Who Are the Elderly? Aging in Society

1. In most countries, elderly women _____ than elderly men.

- a. are mistreated less
- b. live a few years longer
- c. suffer fewer health problems
- d. deal with issues of aging better

2. America's baby boomer generation has contributed to all of the following except:

- a. Social Security's vulnerability
- b. improved medical technology
- c. Medicaid being in danger of going bankrupt
- d. rising Medicare budgets

3. The measure that compares the number of men to women in a population is _____.

- a. cohort
- b. sex ratio
- c. baby boomer
- d. disengagement

4. The "graying of the United States" refers to _____.

- a. the increasing percentage of the population over 65
- b. faster aging due to stress
- c. dissatisfaction with retirement plans
- d. increased health problems such as Alzheimer's

5. What is the approximate median age of the United States?

- a. 85
- b. 65
- c. 37
- d. 18

1.2 | The Process of Aging

6. Thanatology is the study of _____.

- a. life expectancy
- b. biological aging
- c. death and dying
- d. adulthood

7. In Erik Erikson's developmental stages of life, with which challenge must older people struggle?

- a. Overcoming despair to achieve integrity
- b. Overcoming role confusion to achieve identity
- c. Overcoming isolation to achieve intimacy
- d. Overcoming shame to achieve autonomy

8. Who wrote the book *On Death and Dying*, outlining the five stages of grief?

- a. Ignatz Nascher
- b. Erik Erikson
- c. Elisabeth Kübler-Ross
- d. Carol Gilligan

9. For individual people of a certain culture, the life course is _____.

- a. the average age they will die
- b. the lessons they must learn
- c. the length of a typical bereavement period
- d. the typical sequence of events in their lives

10. In the United States, life expectancy rates in recent decades have _____.

- a. continued to gradually rise
- b. gone up and down due to global issues such as military conflicts
- c. lowered as health care improves
- d. stayed the same since the mid-1960s

1.3 | Challenges Facing the Elderly

11. Today in the United States the poverty rate of the elderly is _____.

- a. lower than at any point in history
- b. increasing
- c. decreasing
- d. the same as that of the general population

12. Which action reflects ageism?

- a. Enabling WWII veterans to visit war memorials
- b. Speaking slowly and loudly when talking to someone over age 65
- c. Believing that older people drive too slowly
- d. Living in a culture where elders are respected

13. Which factor most increases the risk of an elderly person suffering mistreatment?

- a. Bereavement due to widowhood
- b. Having been abusive as a younger adult
- c. Being frail to the point of dependency on care
- d. The ability to bestow a large inheritance on survivors

14. If elderly people suffer abuse, it is most often perpetrated by _____.

- a. spouses
- b. caregivers
- c. lawyers
- d. strangers

15. Veterans are two to four times more likely to _____ as people who did not serve in the military.

- a. be a victim of elder abuse
- b. commit suicide
- c. be concerned about financial stresses

- d. be abusive toward care providers

1.4 | Theoretical Perspectives on Aging

- 16.** Which assertion about aging in men would be made by a sociologist following the functionalist perspective?
- a. Men view balding as representative of a loss of strength.
 - b. Men tend to have better retirement plans than women.
 - c. Men have life expectancies three to five years shorter than women.
 - d. Men who remain active after retirement play supportive community roles.
- 17.** An older woman retires and completely changes her life. She is no longer raising children or working. However, she joins the YWCA to swim every day. She serves on the Friends of the Library board. She is part of a neighborhood group that plays Bunco on Saturday nights. Her situation most closely illustrates the _____ theory.
- a. activity
 - b. continuity
 - c. disengagement
 - d. gerotranscendence
- 18.** An older man retires from his job, stops golfing, and cancels his newspaper subscription. After his wife dies, he lives alone, loses touch with his children, and stops seeing old friends. His situation most closely illustrates the _____ theory.
- a. activity
 - b. continuity
 - c. disengagement
 - d. gerotranscendence
- 19.** What is the primary driver of modernization theory?
- a. Industrialization
 - b. Aging
 - c. Conflict
 - d. Interactions
- 20.** The Age Discrimination in Employment Act counteracts which theory?
- a. Modernization
 - b. Conflict
 - c. Disengagement
 - d. Age stratification

1.1 | Who Are the Elderly? Aging in Society

1. Baby boomers have been called the “Me Generation.” Do you know any baby boomers? In what way do they exemplify their generation?
2. What social issues involve age disaggregation (breakdowns into groups) of a population? What kind of sociological studies would consider age an important factor?
3. Conduct a mini-census by counting the members of your extended family, emphasizing age. Try to include three or four generations, if possible. Create a table and include total population plus percentages of each generation. Next, begin to analyze age patterns in your family. What issues are important and specific to each group? What trends can you predict about your own family

over the next 10 years based on this census? For example, how will family members’ needs and interests and relationships change the family dynamic?

1.2 | The Process of Aging

- 4.** Test Elisabeth Kübler-Ross’s five stages of grief. Think of someone or something you have lost. You might consider the loss of a relationship, possession, or aspect of your self-identity. For example, perhaps you dissolved a childhood friendship, sold your car, or got a bad haircut. For even a small loss, did you experience all five stages of grief? If so, how did the expression of each stage manifest? Did the process happen slowly or rapidly? Did the stages occur out of order? Did you reach acceptance? Try to recall the experience and analyze your own response to loss. Does your experience facilitate your empathizing with the elderly?
- 5.** What do you think it will be like to be 10, 20, and 50 years older than you are now? What facts are your assumptions based on? Are any of your assumptions about getting older false? What kind of sociological study could you establish to test your assumptions?
- 6.** What is your relationship to aging and to time? Look back on your own life. How much and in what ways did you change in 10 years and in 20 years? Does a decade seem like a long time or a short time in a life span? Now apply some of your ideas to the idea of aging. Do you think older people share similar experiences as they age?

1.3 | Challenges Facing the Elderly

- 7.** Make a list of all the biases, generalizations, and stereotypes about elderly people that you have seen or heard. Include everything, no matter how small or seemingly trivial. Try to rate the items on your list. Which statements can be considered myths? Which frequently turn into discrimination?
- 8.** Have you known any person who experienced prejudice or discrimination based on age? Think of someone who has been denied an experience or opportunity simply for being too old. Write the story as a case study.
- 9.** Think of an older person you know well, perhaps a grandparent, other relative, or neighbor. How does this person defy certain stereotypes of aging?
- 10.** Older people suffer discrimination, and often, so do teenagers. Compare the discrimination of the elderly to that of teenagers. What do the groups share in common and how are they different?

1.4 | Theoretical Perspectives on Aging

- 11.** Remember Bridget Fisher, the 62-year-old woman from the introduction? Consider her life experiences from all three sociological points of view. Analyze her situation as if you were a functionalist, a symbolic interactionist, and a conflict theorist.
- 12.** Which lifestyle do you think is healthiest for aging people—activity, continuity, or disengagement theories? What are the pros and cons of each theory? Find examples of real people who illustrate the theories, either from your own experience or your

friends' relationships with older people. Do your examples show positive or negative aspects of the theory they illustrate?

1.1 | Who Are the Elderly? Aging in Society

Gregory Bator founded the television show *Graceful Aging* and then developed a web site offering short video clips from the show. The purpose of *Graceful Aging* is to both inform and entertain, with clips on topics such as sleep, driving, health, safety, and legal issues. Bator, a lawyer, works on counseling seniors about their legal needs. Log onto *Graceful Aging* for a visual understanding of aging: [\(http://www.gracefulaging.com/\)](http://www.gracefulaging.com)

1.2 | The Process of Aging

Read the article "A Study of Sexuality and Health among Older Adults in the United States." You will find it online at the *New England Journal of Medicine*: [\(http://www.nejm.org/doi/full/10.1056/NEJMoa067423#t=article\)](http://www.nejm.org/doi/full/10.1056/NEJMoa067423#t=article)

1.3 | Challenges Facing the Elderly

Veterans who served in the U.S. armed forces during various conflicts represent cohorts. Veterans share certain aspects of life in common. To find information on veteran populations and how they are aging, study the information on the web site of the U.S. Department of Veterans Affairs: [\(http://www.va.gov/vetdata/Veteran_Population.asp\)](http://www.va.gov/vetdata/Veteran_Population.asp)

Learn more about the Honor Flight Network, the organization offering trips to national war memorials in Washington, D.C., at no cost to the veterans: [\(http://www.honorflight.org/index.cfm\)](http://www.honorflight.org/index.cfm)

1.4 | Theoretical Perspectives on Aging

New Dynamics of Aging is a web site produced by an interdisciplinary team at the University of Sheffield. It is supposedly the largest research program on aging in the United Kingdom to date. In studying the experiences of aging and factors that shape aging, including behaviors, biology, health, culture, history, economics, and technology, researchers are promoting healthy aging and helping dispel stereotypes. Learn more by logging onto its web site: [\(http://www.newdynamics.group.shef.ac.uk/\)](http://www.newdynamics.group.shef.ac.uk/)

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