

Student Study Guide

for

**SOCIAL GERONTOLOGY TODAY:
AN INTRODUCTION**

by

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For the text **Social Gerontology Today: An Introduction**, by Elizabeth W. Markson

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I. Introduction

Social Gerontology Today, by Professor Elizabeth Markson, is an exceptional textbook. The following detailed chapter outlines are intended to be used as a study tool. They will not provide you with a full understanding of the material. For that you need to read each chapter fully and take notes in class, then refer to the chapter outlines for review.

II. Study Strategies

- a. Always read the assigned chapter prior to the class in which it will be addressed.
- b. Outlining chapters has proven helpful for many students.
- c. Take detailed lecture notes and review them alongside your chapter reading notes after class. This is best done the same day or evening that you attended class.
- d. Write down questions that you have about the material and bring those questions to class for clarification.
- e. As you read each chapter write hypothetical test questions. Ideally work with a group of students and share questions each of you has written to create a practice test for each scheduled exam. This practice has proven to be one of the most successful strategies for test preparation.
- f. *Never* wait until shortly before an exam or test to read the material. Nine times out of ten you will find that your test grade suffers because you really don't have a grasp of the material.
- g. Stay on schedule with the reading. If you follow the assigned reading schedule you will find each subsequent chapter builds on the one before it. You will also learn more, do better on tests, and be far less stressed.

Part I: Understanding Aging as a Social Process

Chapter 1: The Emergence of Gerontology

Chapter 1 Summary Outline

- I. The Social Construction of Old Age
 - a. Definitions beyond biology: reviewing the demographic facts
 - In 2000 > 34 million people aged 65 or older in the United States represent 13 percent of the population
 - By 2030 there will be 70 million people over 65 in the United States, more than twice their number in 2000
 - By 2025 the world population aged 60 and older is expected to approach 1.2 billion people
 - The older population is growing faster than the population as a whole
 - b. The social construction perspective defined
 - Beliefs that we take for granted as fundamental truths vary in different cultures, periods of history, and social contexts
 - The ways in which we understand the world are social artifacts fashioned through people's cooperative efforts
 - c. Age as a social construction
 - Defined by the norms specific to a given society as a specific time in history
 - The notion of childhood emerged within the last two centuries
 - In the 19th century a child, not a wife, was likely to become a family's secondary wage earner
 - Adolescence emerged as a distinct life stage, and a distinctly American invention
 - Old as age 65 originated in 19th-century Germany with legislation making age 65 the pensionable age
 - Age classifications were used in ancient Greece: *pais* or *geras* for young and old
 - Gender role classifications for young and old in ancient Greece: *kore*, *pathenos*, *gyne* or *gria* for female, and *akme*, *geron* or *presbys* for males
 - d. The importance of age as a classification within societies
 - Like sex, age is an *ascribed status*
 - Unlike sex, a specific age is always transitional
 - Age is unique in that everyone can expect to occupy various positions throughout life on the basis of age
 - e. Related classification tools in use: social class, race, ethnicity, and gender
 - Contribute to the *social hierarchy* and thereby to the system of social stratification that emerges
 - Systems of *social stratification* refer to the ways one group is differentiated from another in the social milieu
 - Karl Marx proposed the basis for social classes as economic control of the means of production
 - Max Weber emphasized this basis as resting in three separate types of groupings: class, status based on the degree of prestige, and parties or political groupings that may or may not express class interests
 - The Titanic disaster is an example of the differences in experience by classifications
 - All classification tools are socially constructed
 - All classification tools have implications for life experience and opportunities available
- II. Gerontology as a Field of Study
 - a. Social gerontology is the study of old age and the ways that lived experiences, social class, race, ethnicity, and gender interplay with larger social and economic forces in a society
 - b. The origins of gerontology
 - Making sense out of growing old
 - The persistent theme of a "fountain of youth"

- c. Critically thinking about ageism and ageist beliefs
- d. Early multidisciplinary approaches
 - Early 19th century studies in Belgium
 - Mid-19th century clinical research and lectures on diseases and old age
 - The stage is set for *medicalization* of aging and the preponderance of an old age as negative attitude
 - Early studies based conclusions on biased samples of the elderly poor and sick
 - In the early 20th century, Metchnikoff coined the term *gerontology* and challenged negative views about aging
 - Old age as inevitable decay was challenged again in the 20th century through multidisciplinary research
 - The public issue or private trouble debate in the field
 - Rapid growth of the older population created a demand for professionals knowledgeable about the aging process
 - Career opportunities in gerontology expand

Key Terms and Concepts

Social construction perspective

Based on two assumptions: (1) beliefs taken for granted as fundamental truths vary in different cultures, and (2) the ways in which we understand the world are social artifacts fashioned through cooperative efforts

Age as a social construction

Age simultaneously denotes both a number and mixture of physical characteristics and a set of social constructs defined by the norms of a given society at a specific point in history

Ascribed status

Based on attributes over which we have little or no control

Social hierarchy

A socially constructed ranking system formed when categories of people are evaluated differently by others

Social stratification

The socially constructed ways one group is differentiated from another in the social milieu

Social class

An aspect of social stratification which denotes and describes the unequal distribution of wealth, power, and prestige among groups in relation to certain inherent and extrinsic characteristics that they possess

Diversity

Produced by social hierarchies, it refers not only to comparisons of similarities and differences across and within groups but also to the social arrangements that construct and shape the social worlds of groups

Gerontology

The scientific study of aging throughout the life course

Social gerontology

The scientific study of aging throughout the life course that focuses on what it means to age in society

Ageist

Stereotyping of and discriminating against people because they are old

Geriatrics

The scientific study of aging that focuses on physical health and medical concerns

Part I: Understanding Aging as a Social Process

Chapter 2: Doing Social Gerontology Research

Chapter 2 Summary Outline

- I. The Logic of Scientific Inquiry
 - a. Objectivity (suspension of bias) is the key to the logic of science
 - b. Importance of careful *specification* of what is being studied
 - c. Recognition of science as shaped by time and place
 - d. Scientific objectivity as an ideal rather than a reality

- II. Building Blocks of Science
 - a. The basic elements of scientific discovery: concept, variable, measurement
 - b. Research design and sampling
 - Appropriate sample identified
 - Identifying independent and dependent variables
 - Operational definition of variables
 - Generalizability
 - Types of sampling (Table 2-1)

- III. Types of Research Studies
 - a. Cross-sectional and longitudinal studies
 - b. Types of longitudinal studies: trend, cohort, and panel studies
 - c. Large-scale surveys and opinion polls
 - d. Interviewing older adults (general guidelines)
 - e. Other research techniques
 - Case histories (Freud example)
 - Narratives and life stories (Gubrium example)
 - Participant observation (Diamond study)
 - Comparative studies
 - Secondary analyses (types of materials used)
 - Experiments (generally found in psychology)
 - Classic experimental design (Table 2-2)
 - Natural experiment (the famine of WWII example)
 - Evaluation research (examples and purpose)

- IV. Basic Statistics: Crunching the Numbers
 - a. Common statistics used include
 - Percentage, the most common statistic
 - The mode, the mean, and the median
 - Correlation and spurious correlation
 - Causality
 - b. How to read a graph

- V. Putting It All Together: Steps in Gerontological Research

Key Terms and Concepts

Objectivity

Suspension of bias (key to the logic of science)

Concept

A construct that describes some element of interest

Variable

A concept whose value changes from one case to another

Measurement

The value of a variable of interest

Operational definition

Clearly delineates how a variable is to be measured

Sample

A subset of the population of interest

Independent variable

The factor thought to cause changes in another variable or variables

Dependent variable

The factor thought to change in response to the independent variable

Random sampling

All people with a particular characteristic or set of characteristics have an equal chance of being selected in a study

Longitudinal study

A study that traces people over a period of time to look at changes over time; includes trend studies, cohort studies, and panel studies

Cross-sectional study

A type of research that looks at groups of young and old people, for example, at one point in time

Birth cohort

A group of people who, because of their similar years of birth, experience life events at the same time

Cohort effect

The impact that living through specific historical events has on the lives of individuals born during a specific time in history

Secondary analysis

The analysis of data already gathered by previous research or researchers and used for another purpose

Participant observation research

In-depth study where the researcher becomes part of the situation under study

Percentage

The most common statistic, it represents the number of any given thing in every 100 cases or observations

Measures of central tendency

The mean, the median, and the mode

Mean

The arithmetic average

Median

The midpoint where half the cases are above and half are below

Correlation

The relationship in which two or more variables change together (not necessarily indicating causality)

Part I: Understanding Aging as a Social Process

Chapter 3: Demography, Population, and Housing: The Elderly Today and Tomorrow

Chapter 3 Summary Outline

I. Understanding Population Changes and Aging

- a. Age structure of the population
 - Every society has an age structure of people, or age strata; that is, the number of people in each age category
 - In any society, everyone occupies a status (e.g. child, student, elder)
 - The baby boom lasted from 1946 through 1965
 - Implications of the baby boom for society and social institutions
 - Population pyramid as a graphic representation of the entire population broken down by sex and age
 - Two clues are revealed by population pyramids: (1) the population's actual size, and (2) its probable future size
- b. Birth rates, death rates, and migration
 - Two types of numbers are used to study populations: absolute and relative
 - Review common terms used by demographers: crude birth rate, crude death rate, life span, life expectancy, infant mortality, migration, immigration, emigration, net migration, and population growth
 - The population of any society is determined by three factors: births, death, and net migration
 - All three of the above factors influence population size as well as life chances and opportunities
 - Today one in every 10 Americans aged 65 or over was born in a foreign country and over one-half arrived after 1970
 - Social policy issue: the dependency ratio and its associated implications
- c. Life span and life expectancy
 - Biological and social factors influence how long people live
 - Life expectancy in the U.S. was 76.5 years in 1998
 - In 2001, Japan had the highest life expectancy at 81 years and Angola had the lowest at 38 years
 - Mortality conditions change due to natural disasters, war or civil unrest, new diseases, or life-extending technologies
 - Social variables allied to life expectancy and mortality rates
 - The sex differential reflects both biology and gender
 - Most sex differences in life expectancy today are gender-related
 - The most powerful gender influences are differences in lifestyles and health promotion behaviors
 - The death rate for 15- to 24-year-old men is almost three times higher than for women the same age
 - Gaps in male-female related differences decrease with age
 - Racial differences in life expectancy reflect differences in life chances
 - Poverty reduces life expectancy
 - Deaths from heart disease and stroke are higher among African Americans than whites
 - African-American males who make it to 80 have life expectancies equal to whites, reflecting the black-white mortality crossover effect
 - Centenarians are among the fastest growing age groups in the United States

II. The Demographic Transition

- a. There are four states of demographic transitions
 - Increase in birth rates and death rates
 - Decrease in infant and childhood mortality
 - Decline in birth rates associated with greater childhood survival

- Decline in both birth and mortality rates
- b. When we are born makes a difference
 - Birth cohort and life course defined
 - Birth cohort membership affects opportunities, beliefs, and attitudes

III. Characteristics of the Older Population

- a. Race, ethnicity, gender, and socioeconomic status influence life expectancy
 - In 2000, the U.S. population over age 65 was close to 85 percent white, about 8 percent African American, 5 percent Latino origin, 2 percent Asian and Pacific Islander, and less than 1 percent were American Indian, Eskimo and Aleut
 - In 2000, 12 percent of the foreign-born population in the United States was 65 or older
 - Between 2000 and 2050 the diversity of elders will increase
 - Older women now outnumber older men in all categories
 - By 2000 there were 141 older women per 100 older men and by age 85 there were 237 older women per 100 older men
- b. Marital status varies markedly by gender
 - Spouses provide at least one-third of the care to non-institutionalized partners
 - Among people 65 or older, men are almost twice as likely to be married and living with a spouse than women
 - Among people 65 or older women are three times more likely to be widowed
 - Less than 5 percent of elderly men and women have never married
- c. Education
 - The more education, the longer life expectancy
 - About 4 million people over age 65 in the U.S. speak a primary language other than English at home
- d. Income and poverty in 2000 among people 65 and over in U.S.
 - The official poverty rate was 10.2
 - About 3.4 million were below poverty level, and 2.2 million (about 7 percent) were classed as “near poor”
 - Poverty rates reflected 1 out 12 whites (8.3 percent), 1 in 5 Hispanics (18.8 percent), and 22.3 percent of African Americans as below poverty level
 - Median income was \$14,425
 - Men aged 65 and over reveal a median income of \$19,168
 - Women 65 and over reveal a median income of \$10,899
 - Social Security was reported as income for 90 percent
 - Income from assets was reported as income by 44 percent
 - Public and private pensions were reported by 21 percent
 - In 2000, 8 percent report income of less than \$5000, 26 percent indicated an annual income between \$5,000 and \$9,999
 - Approximately one of nine households reported incomes of less than \$15,000
 - One of four reported incomes of \$50,000 or more

IV. Living Arrangements Vary Markedly by Race, Gender, and Ethnicity

- a. Where the now-old live as reported in 2000
 - California, Florida, Illinois, Michigan, New Jersey, Pennsylvania, and Texas had very high concentrations
 - Florida had the highest percentage
- b. Housing and living arrangements for elders in the U.S.
 - Among non-institutionalized most are married and living with their spouses
 - The likelihood of living alone in old age is greater for women
 - Women are more likely to reside with a family member and least likely to live alone
 - Racial and ethnic differences exist in patterns of living arrangements
 - The extended multigenerational family was *never* a predominant family form in the United States

- The majority of elderly living alone are *not* socially isolated and depressed
 - In the past 25 years the number of elderly living in non-traditional households has increased
 - Of the almost 21 million households headed by people aged 65 or over, 79 percent own their own home
 - The number of elderly homeowners living in the suburbs is about equal to the number living in central cities
 - Median income of older homeowner households was \$20,280
 - The median income of older renters was \$10,867
 - About 50 percent of homes owned by elders were built before 1960
 - Elders' home values are generally lower than for all homeowners
 - Over 30 percent of elders pay more for housing than they can afford
 - Renters are more than three times as likely as homeowners to have problems affording their housing
- c. Types of housing for the elderly
- ECHO housing (Elder Cottage Housing Opportunity)
 - Age-segregated retirement communities
 - Senior housing developments and retirement hotels
 - Public housing units typically have long waiting lists
 - Continuing care retirement communities
 - Assisted living
 - Board and care homes
 - Nursing homes
- d. The old tomorrow
- In 2010 baby boomers will swell the over-65 population
 - Baby boomers represent several different birth cohorts

Key Terms and Concepts

Age strata or age structure

The number of people in each age category within a society

Status

The position(s) we occupy in a society (student, lawyer, elder)

Role

The performance of expected behaviors associated with a status

Baby-boom generation

All people born between 1946 and 1964

Life course

A sequence of life stages that people move through as they mature and go through life

Population pyramid

A graphic representation of the entire population by sex and age

Absolute numbers

Actual counts of people, births, deaths, and migration

Relative numbers

Percentages or ratios based on absolute numbers

Crude birth rate

The number of live births per 1,000 population

Crude death rate

The number of deaths per 1,000 population

Life span

The maximum number of years an organism can live

Life expectancy

The average number of additional years a person can expect to live if current mortality trends continue for the rest of that person's life, typically calculated at birth

Infant mortality rate

The number of deaths of infants under one year of age per 1,000 live births during a given year

Migration

The movement of people into or out of a given geographic area

Immigration

The movement of people into a given geographic area

Emigration

The movement of people out of a given geographic area

Net migration

The difference between immigration and emigration for a geographic area within a specific time period

Population growth

The sum of natural increase and net migration

Child dependency ratio

The number of children under age 18 to be supported per 1,000 persons of working age

Sex ratio

The number of women in a population per 100 men

Old age dependency ratio

The number of people aged 65 or over per 1,000 people of working age

Gender

Refers to how men and women behave and are treated by others

Centenarians

Those aged 100 or older

Black-white mortality crossover effect

The convergence in life expectancy where, by age 100, African American people have higher life expectancies than whites of the same age

Demographic transition

A gradual process that occurs when a society moves from high birth and death rates to low birth and death rates

“Near poor”

Describes those with income between the poverty level and 125 percent of that level

Median income

Denotes the point where half the population is above and half is below

ECHO housing

Elder Cottage Housing Opportunity, which consists of an accessory unit to another primary home

Age-segregated retirement communities

Communities restricted to people who are 55 years of age or older

Senior housing developments

Government-subsidized housing complexes for low-income elders

Retirement hotels

Generally low-cost, unregulated age-segregated hotel living that allows elders to remain independent

CCRC

Continuing Care Retirement Communities; age-segregated, campus-like retirement communities that provide varying levels of “life care” to those who buy into package plans

Assisted living

A combination of housing, centralized meals, support services, and health care for those who do not need a nursing home but do need some help

Board and care homes

Essentially an older version of assisted living, operated most frequently out of private homes and generally unregulated

Nursing homes

Total care housing for those who need regular nursing care

Part I: Understanding Aging as a Social Process

Chapter 4: Social Perspectives on Aging

Chapter 4 Summary Outline

- I. Was There a “Golden Age” for the Elderly?
 - a. There was probably never a time when elders were venerated
 - b. Power and prestige among the elderly largely reflect their ability to control goods, knowledge, and other resources

- II. Approaches to the Study of Aging
 - a. Old age as dependence dominated the research during the first half of the 20th century
 - b. Successful aging through individual adjustment to status of “old”
 - In the 1940s, social gerontologists used the concept of role as a framework for measuring adjustment in later life
 - Activity theory contends that optimal aging means maintaining activities and finding substitute statuses and roles for relinquished ones
 - Empirical evidence for the activity theory failed to support the importance of continued activity
 - Lemon, Bengston, and Peterson found that only informal activities with friends were significant determinants of life satisfaction
 - A decade later, Longino and Kart again found only participation in informal activities was associated with life satisfaction
 - c. Old age as continuity: personality remains stable with aging
 - The four major elements of continuity theory involve:
 - (1) internal structure
 - (2) external structure
 - (3) goal setting
 - (4) maintaining adaptive capacity
 - Presumes people are motivated to continue to use the same adaptive strategies throughout life
 - Personality is seen as relatively constant throughout life
 - Leaves unanswered the question of whether flexibility in gender roles and lifestyles are more beneficial in later life
 - d. Old age within a social system: disengagement theory (1961)
 - Centers on smooth functioning of a society rather than on individual adjustment or attitudes
 - Notes the expectation of death is universal and decrement of ability is probable
 - Notes a mutual severing of ties in society
 - Notes how disengagement becomes a circular or self-perpetuating process as central roles are abandoned
 - The importance of disengagement theory was fourfold:
 - (1) saw aging as a socially patterned event within a social structure where accepted norms govern withdrawal of the elderly from vital social roles in order to maintain social order
 - (2) proposed that old age is a distinct life stage with activities that differ in quantity and quality
 - (3) postulated that growing old is easier for men than women
 - (4) stimulated theory development during the 1970s and beyond
 - Later research suggests as we age we become more androgynous
 - Disengagement is theory no longer accepted as it was originally formulated
 - e. Exclusion of the elderly from social life: approaches of the 1960s and 1970s
 - Arnold Rose’s subculture of aging theory
 - Cowgill and Holmes’ modernization theory
 - Exchange theory calls attention to how bargaining power decreases as we age

- f. Successful aging revisited
 - Concept of successful aging reemerged in last decade
 - Havinghurst examined determinants of life satisfaction focusing on activity and disengagement theory
 - Neither activity nor disengagement theory adequately account for individual differences in aging
 - Researchers at the Kansas City Study of Adult Life propose the identification of four broad personality types
 - Cumming drew on the same Kansas City studies to suggest that being extroverted or introverted determines how we age
 - During the 1970s and 1980s the concept of “successful aging” is expanded to encompass three dimensions: survival, physical functioning, and happiness
 - A precise definition of successful aging remains elusive
 - Limitations of standards used for successful aging:
 - (1) they ignore the importance of individual differences
 - (2) they overlook the importance of social factors in constructing old age
 - (3) they neglect the potential for multiple outcomes
 - (4) they disregard the many different standards of success
- g. Selective optimization with compensation
 - A micro-level theory emphasizing mastery of everyday life
 - A process of coordinating and balancing the gains and losses associated with aging
 - Emphasizes processes rather than outcomes
 - Defines the attainment of personally meaningful goals specific to each person as fluid
 - A process not unique to old age
- h. Age stratification in the early 1970s
 - Proposed viewing society as stratified by the dimension of age just as it is by social class
 - Age is a basis of control over resources
 - Cohort membership links to availability of resources
 - The “generation gap” viewed as a function of differences between experiences of different birth cohorts and age norms for appropriate role behavior
 - Weber’s concept of “life chances” and the effects of social stratification
 - Alerted us not to make sweeping generalizations about “normal aging” between cohorts
 - The difficulty in separating age effects from period effects makes testing age stratification theory difficult
 - Alerted gerontologists to how age strata influence and are influenced by the social, political, and economic

III. Theoretical Shifts

- a. Power and inequality
 - Previous assumptions about aging are being examined
 - “Age-as-leveler” is being called into question
 - Robert N. Wilson spotlight example
 - The concept of double jeopardy
 - Emphasis on diversity and birth cohort stimulated development of a life course approach to aging
 - Studies of older minorities stressed the disadvantages and ignored the positive aspects of group membership
 - Studies emphasizing differences among groups led to the ignoring of meaning and dynamics of aging within groups
 - Focus on the political economy of aging enlarged awareness of the importance of social structure and membership in social hierarchies
 - Political economy perspective highlights how individuals are affected over the life course by socioeconomic institutions

- Carroll Estes noted as a leading American proponent of the political economy approach to aging
 - Estes proposes that the course of the aging process is conditioned by each individual's location in the social structure and the economic and social factors that affect that position
 - Estes contends experts have a disproportionate say in how we define old age and how resources will be allocated
 - Social programs designed to benefit the elderly have created an "aging establishment," according to Estes
 - Political economy approach helped make the link between private problems and public issues
 - Critical theory, stressing the need for paradigms of aging to be self-reflective, challenges older theories and assumptions in social gerontology
- b. Trends in applied research in the study of aging
- A move from theorizing to more applied models
 - The line between working and retirement has become less defined as many people re-enter the labor force
 - Focus on social disadvantage again leads to the portrayal of disadvantaged elders as victims
 - Emphasis on differences among groups leads to ignoring the meaning and dynamics of aging within groups
 - Data needed that span comparable time periods and historical and cultural contexts
 - Greater use of theory is required

Key Terms and Concepts

Theory

A statement of how and why specific facts are related that allow us to make generalizations about something we want to understand

Social gerontology theory

Theories that attempt to explain the how and why of human behavior, and the relationship of age to other social characteristics and to the structure of the society

Status

The socially constructed positions that we hold in the conduct of life, such as student or teacher

Adjustment

How well the elderly are able to fulfill their perceived needs

Role

The dynamic aspect of a status, in effect the performance aspect

Activity theory

Contends that those who age optimally maintain usual activities as long as possible and find substitute statuses and roles for relinquished ones

Disengagement theory

A theory of aging that centers on the smooth functioning of a society rather than individual adjustment or attitudes; suggests that as we age it is both necessary and positive for us to disengage from society

Subculture of aging theory

Accepts the premise that as a result of social exclusion in later life, elders' self-concept and group consciousness change

Modernization theory

Proposes that in the progression from a rural, agrarian society to an urban, technological system, elders' status in leadership roles, power, and influence decreases

Exchange theory

Proposes that as people become older, they have fewer power resources to exchange in social interaction, resulting in increased dependence on others

Optimization

The attainment of personally meaningful goals specific to each person

Selective optimization with compensation

A process of coordinating and balancing the gains and losses associated with aging to master daily life, a process that is not unique to old age

Age stratification theory

Proposes the utility of understanding lived experience and aging as organized by age much in the way it is organized by social class

Age-as-leveler

The notion that once an individual is old, other differences such as race, ethnicity, social class, and gender become irrelevant

Part II: Individuals and Aging

Chapter 5: Biological Perspectives

Chapter 5 Summary Outline

- I. Biological Life Span and Life Expectancy
 - a. It is a myth that certain substances can insure long life
 - b. Program theories
 - Based on the idea of built-in obsolescence
 - Contend a biological clock is written into our genetic code
 - Genetic switching proposes that cellular aging occurs due to the switching off of certain genes
 - Other theories note aging is triggered at a specific time by the release of hormones or neurons
 - One of the newest program theories focuses on telomeres
 - c. Damage or “wear and tear” theories
 - Based on the idea that cells or organs become less able to repair themselves as they age
 - Immune system theory is one wear and tear theory
 - Free radical approaches provide another explanation of aging due to wear and tear
 - d. All biological theories emphasize the notion that damage or wear occurs in genetic material or cells

- II. Physiological Changes and Health
 - a. Individual differences and changes in organ systems
 - Diseases are not part of normal aging
 - Not all organs age at the same rate
 - Our bodies generally slow down as we age
 - b. Sensory changes: vision
 - Prevalence of eye diseases increases with age
 - Presbyopia is the most common change
 - Serious vision deficits afflict about 8 percent of men and 5 percent of women aged 65 to 74
 - Macular degeneration is the most common disease
 - Glaucoma and diabetic retinopathy are conditions that destroy the blood vessels of the eye’s retina
 - Cataracts affect 25 percent of Americans over 65
 - None of these eye conditions are a normal part of aging
 - c. Sensory changes: hearing
 - Hearing loss is common as we age
 - Wax buildup is one common and easily remedied reason
 - Among those 75 and older, 45 percent of men and 31 percent of women have impaired hearing
 - About 39 percent of people over age 65 have deficits severe enough to benefit from hearing aids
 - Most common hearing loss is presbycusis
 - Wearers of hearing aids are often bothered by background noise
 - Shouting at someone with a hearing loss does not improve hearing
 - d. Other sensory changes
 - Ability to detect salt, sweet, bitter, and sour declines with aging, but varies considerably among individuals
 - Medications, nutritional deficiencies, and some diseases can affect sense of taste, irrespective of aging
 - Smell, or the ability to detect odors, gradually declines with age
 - Diminished sense of touch and awareness of temperature changes may occur in later life but may also be due to other causes, including circulatory problems

- e. Cosmetic changes of aging
 - Graying and thinning of the hair
 - Wrinkles become more pronounced
 - The pelvis widens and shoulders tend to narrow
 - Liver or age spots on the skin often appear
 - A slight lengthening of the nose and ears
 - A slight shortening in height occurs
 - Some develop a dowager's hump, a sign of osteoporosis
 - Some people develop sagging or flabby muscles, an indication of the need for muscle building
- f. Menopause
 - Occurs in all women at the median age of 50 to 51
 - Estrogen levels in the bloodstream drop
 - Considerable controversy surrounds the issue of estrogen replacement therapy today
 - Symptoms range considerably in severity
 - Symptoms include hot flashes, night sweats, dryness of the vagina, mood swings, sleeplessness, and nervousness
 - Estrogen therapy is prescribed as a treatment for menopause as well as osteoporosis
 - Osteoporosis is a serious postmenopausal condition that can lead to high risk of broken bones

III. Illness and Recovery

- a. Acute and chronic illness
 - Acute illness leading to death has largely been eradicated or checked through immunizations, public health measures, and improved medical treatment patterns
 - Acute illnesses, such as colds, are more common among youth
 - Regardless of race or gender, people with family incomes below \$10,000 per year are at greater risk for acute illness
 - Chronic diseases develop slowly and can be treated but not cured
 - Approximately one in three Americans has one or more chronic diseases
 - Only one in four people living with a chronic illness is elderly
 - Arthritis is the most common chronic illness for people over age 65
 - Approximately 3 percent of the reported AIDS cases in the United States are among people aged 65 and over
 - Treating chronic diseases is expensive, and they are often associated with high emotional costs
- b. Gender differences play a role in health issues and diagnosis
 - Chronic diseases vary by age, gender, and socioeconomic status
 - Women are more likely than men to have arthritis
 - Heart disease is more common in men, but the gender gap is narrowing
- c. Race and ethnicity
 - Potentially serious chronic diseases with highest prevalence among whites are (in rank order) (1) arthritis, (2) high blood pressure, and (3) heart disease
 - Potentially serious chronic diseases with highest prevalence among African Americans are (in rank order) (1) high blood pressure, (2) arthritis, and (3) heart disease
 - African Americans who suffer heart attacks are significantly less likely to undergo bypass surgery than whites with similar heart disease
 - Clot-busting heart medications are used less often among elderly African Americans than whites
 - African Americans live fewer years on average than whites
 - African Americans live more years with chronic health problems than whites
 - The racial gap spreads across all areas of health and socioeconomic conditions
 - People living in poverty are more vulnerable at any age to chronic conditions
- d. Limitations in activities

- Chronic conditions are a major cause of functional disabilities that limit ability to perform activities of daily living (ADLs)
 - Leading causes of functional disabilities among people 65 and over are arthritis and heart disease
 - Overall the rate of later life disability has declined sharply between 1982 and 1994
- e. Self-perceptions of health
- Most people over age 65 rate their health as good to excellent
 - With age, the proportion of people rating their health as good declines regardless of gender or race
 - Self-rated health is an important indicator of subsequent death, independent of other factors
- f. The importance of exercise
- Regular exercise has been demonstrated to be an important insulator against both chronic disease and death
 - Regular exercise increases functional performance and the ability to maintain independent activity
 - Aerobic activity can improve heart function even among elders with heart disease
 - Regular exercise increases life expectancy
 - The benefits of regular exercise hold true at any age

Key Terms and Concepts

Telomeres

Structures in the body that are repeated as tips on the end of our chromosomes and have a special DNA sequence that maintains the integrity of chromosomes

Telomerase

An enzyme in most cells that repairs and replaces the telomeres, lengthening the life span of dividing cells

Free radicals

Highly reactive chemicals in the body that trigger processes randomly and irreversibly, altering their proper functioning

Glaucoma

A pathological condition of the eye that is due to excessive buildup of pressure in the eyeball

Presbyopia

The gradual inability of the lens of the eye to focus on nearby objects that results from the loss of elasticity in the eye's lens and loss of power in the muscles that help the lens change shape to focus

Cataracts

A pathological condition of the eye caused by a change in the protein structure in the lens that produces blurring of vision and sensitivity to glare in bright sunlight

Macular degeneration

A progressive condition affecting the macula—the part of the eye responsible for fine detail—that results in loss of central vision, making it difficult to see anything at close range

Presbycusis

The most common hearing loss associated with aging, first noticed as a loss of ability to hear high-frequency sounds

Dowager's hump

A bowing of the back along the spine between the shoulders that gives a slumped appearance, generally a sign of osteoporosis

Part II: Individuals and Aging

Chapter 6: Personality, Adult Development, and Cognition

Chapter 6 Summary Outline

- I. Adult Socialization
 - a. Human behavior is learned through socialization
 - Social norms are basic to the process of socialization
 - Norms are enforced by sanctions
 - Norms are either prescriptive or proscriptive
 - b. Age norms, age status, and age grading
 - Chronological age is one of the social constructs used to set normative standards of behavior
 - All societies have some system of age grading
 - Transitions occur when we move from one age status to another but the lines are not always so clear today
 - Old age is not a state of normlessness
 - Age 65 is a socially constructed marker
 - Average age of retirement for Americans is about 63
 - Important to keep age grades flexible to reflect heterogeneity and diversity
- II. Self-Concept and Self-Esteem
 - a. The looking-glass self
 - b. The “I” and the “me” origins of gerontology
 - Self develops over time through social experience
 - The “I” is spontaneous and initiates social action
 - The “me” responds to the actions of others
 - c. The multidimensional self
 - Self-concept includes positive and negative images of self
 - Personality traits, such as introversion or extroversion, remain relatively stable throughout life
 - Subjective self-descriptions are changeable throughout life
 - Self-esteem is the self-evaluative dimension of self-concept
 - Self-esteem is important for well-being and social behavior
 - People at age 65 and over today feel as good about themselves as younger people do at ages 18 to 34
 - The “self as ageless” view can deny the importance of life experience and physical changes
 - There is a dynamic tension between change and constancy
 - Despite ageism self-esteem grows stronger in old age
- III. Foundational Models of Personality and Development
 - a. Sigmund Freud and Jean Piaget were especially influential theorists
 - Freud focused on constructing a conceptual base from which personality development could be understood
 - Piaget centered on how cognitive thought processes unfold and develop
 - Both Freud and Piaget saw personality and cognition as formed early in life with little change thereafter
 - Both Freud and Piaget’s formulations are examples of stage theories of personality development
 - b. Social gerontology theories are better understood when seen as part of the life course—aging as a continuum
- IV. The Discovery of Midlife and Beyond: Early, Mid- and Late Adulthood
 - a. Inversion in later life

- Carl Jung was the first psychoanalytic theorist to examine ego and personality development as processes continuing into adulthood
 - Jung described a transition from youth to the second period of life between the ages of 35 and 40
 - Jung saw the development tasks of later life as centering on a sense of interiority and contraction
 - Jung's theories emphasized both self-preoccupation and self-discovery as age-appropriate developmental tasks
- b. Eight stages of life and generativity
- Erik Erikson expanded on Freud and Jung in his concern with personality development over the life course
 - Erikson's model of eight stages stretching from birth to death
 - Each stage poses a crisis in which the sense of self is threatened
 - Healthy resolution of each crisis leads to an ultimate increased sense of inner unity, according to Erickson
 - Stage 7, generativity versus stagnation, involves the desire to become a caring and productive member of society versus feelings of inertia and inactivity
 - Stage 8, beginning in midlife and declining in old age, is integrity versus despair
 - The last stage proposed by Erikson covers several years, from age 60 and up
 - Erikson added another stage in his own old age: of grand-generativity
 - In contrast to Erikson's contention, research shows generativity is more characteristic of midlife and old age than it is of young adulthood
 - Research also shows generativity to be positively associated with life satisfaction
- c. Spirituality and gerotranscendence
- One definition of spirituality refers to a personal journey of self-knowledge and personal growth
 - One definition refers to spirituality as the creative powers that awaken us to the essence and greater potential of life as a self-transformative journey
 - Another notes spirituality as having nothing to do with organized religion but how a person lives
 - Based on Erikson's work some theorists have proposed a theory of gerotranscendence

V. Life Review in Late Life

- a. Robert Butler's theory of the life review process as naturally occurring and universal with aging
- b. Similar to Erikson's stage of ego integrity versus despair
- c. Research has raised questions about the universality and appropriateness of the concept of life review
- d. Research revealed that centenarians were no more likely to engage in life review than those in younger cohorts

VI. The Seasons of Life Lead to Anxiety and Loss

- a. Daniel Levinson and his associates proposed a "seasons of life" view that suggests that certain relatively stable and culturally defined segments of the total life cycle evolve that represent distinct parts of a person's life
- b. Androgyny as a personality characteristic
 - Women become more task-oriented, more aggressive, and more assertive in old age
 - Men become more expressive, self-disclosing, nurturing, and even more passive in old age
 - Different conclusions about the validity of these claims suggest cohort differences are a critical variable
 - Other research shows socialization plays a role
 - Concludes androgyny influenced by many factors

VII. Cognition

- a. Intelligence and the psychometric model
 - Focus is on measuring intellectual functioning
 - Measures numerical reasoning, word fluency, vocabulary, inductive reasoning, and spatial orientation
 - Adult intelligence tests generally focus on fluid intelligence and crystallized intelligence
 - A major shortcoming of most studies is they have been cross-sectional
 - Longitudinal panel studies of intelligence suggest intellectual functioning endures well into old age among healthy people
 - The Seattle Longitudinal Study example notes intelligence actually increases until the late 30s or 40s and then stabilizes until mid-50s or 60s
 - Chronic diseases can reduce intellectual functioning dramatically
 - People characterized as flexible personalities are less likely than those noted as rigid to experience intellectual decline as they age
 - Class and gender also affect psychometric measures of intelligence
 - Stereotypes influence performance on tests
 - Lower educational attainment is associated with poor performance on psychometric tests in later life
 - Cognitive function appears to be improving among older Americans, especially among those in their 80s
- b. Information processing, learning, and memory
 - An approach to cognition for studying how people both remember old information and learn new material
 - Severe memory loss is not part of normal aging
 - Our capacity to remember does not decrease with age
 - What changes are the ways we process and retrieve information
 - The TOT phenomenon, tip-of-the-tongue
 - Episodic and generic memory
 - Short-term memory (working memory) can hold about seven pieces of information for a brief time
 - The speed of retrieving information stored in long-term memory seems to slow down with age
 - Memory function can be improved at any age through categorization or chunking

VIII. Cognitive Changes: Inevitable, Myth, or Mediated by Life Chances?

- a. McArthur Community Study of Successful Aging reveals levels of education, not chronological age, is the most consistent predictor of changes in cognitive functioning
- b. Education levels are closely linked to income, gender, and race
- c. Findings emphasize the importance of membership in the social hierarchies of race, gender, and social class
- d. Physical activity levels play a role in predicting cognitive change

IX. Processes of “Successful Aging” Revisited

- a. Importance of staying active
- b. Staying healthy and exercising
- c. Enjoying life

X. The Search for New Directions

- a. New social perspectives, preoccupations, attitudes, and behavior are developing
- b. Pre-normative guidelines are being questioned by the popular press

Key Terms and Concepts

Socialization

The process by which we learn to behave and develop a sense of self

Social Norms

Spoken and unspoken rules and guidelines for conduct

Prescriptive norms

Guidelines for acceptable behavior

Prospective norms

Guidelines for unacceptable behavior

Sanctions

The reactions of others that convey approval or disapproval of behaviors

Looking-glass self

A concept introduced by Cooley noting that we see ourselves as we think others see us and judge ourselves in the way we think others judge us

Mask of aging effect

The awareness of an experiential difference between the physical processes of aging, as reflected in outward appearance and the inner or subjective "real self," which paradoxically remains young

Gerotranscendence

A theory that proposes a distinctive age-related path toward spirituality in which older adults develop a sense of interconnection between themselves and others and between life and death to make sense of the world

Fluid intelligence

The ability to devise solutions to new problems, drawing general inferences from specific observations

Crystallized intelligence

The knowledge and abilities that people get through education and experience

Episodic memory

Refers to the encoding, storage, and retrieval of personally experienced events; involves both short-term and long-term memory

Generic memory

A repository of knowledge stored with reference to the context in which it was acquired, encompassing a vocabulary of words and the concepts they represent along with factual knowledge

Part II: Individuals and Aging

Chapter 7: Mental Health and Mental Illness

Chapter 7 Summary Outline

- I. Views of Mental Disorders
 - a. Pathological model
 - Focuses on symptoms and abnormal functioning
 - Most commonly used model in medicine today
 - Seeks biological explanations within the individual
 - Focuses on the individual
 - Emphasizes what is wrong with an individual rather than what is right
 - Focuses on biological explanations or causes rather than the culture or group
 - b. Statistical models
 - Defines normalcy in terms of the usual or average abilities or behaviors found among the majority of the population
 - Underemphasizes smaller groups and designates them as abnormal
 - Used extensively in studies of developmental disabilities
 - Can produce biased results
 - Does not require physical pathology to diagnose illness
 - Abnormality grounded in what is currently defined as normal behavior
 - c. *The Diagnostic Statistical Manual of Mental Disorders (DSM)*
 - A well-established tool used by mental health professionals
 - Blends the pathological and statistical models
 - Classifies mental disorders
 - Used as the basis for insurance reimbursements
 - Organic disorders are those where physical or biological cause is known or suspected
 - An organic cause is not known for most mental illnesses
 - d. Social models
 - Focus on social factors associated with occurrence
 - Focus on the process by which individuals are classified as mentally ill
 - Position in social hierarchies of race and class play a role
 - Diagnosis of mental illness reflects the norms of the times
- II. Mental Disorders in Old Age
 - a. Alcoholism and drug use
 - Rates of alcohol dependence and abuse are highest among young white males and females and decline with age
 - Older adults absorb alcohol faster than younger ones
 - Alcohol abuse can cause cognitive decline and dementia
 - Few elderly are arrested or treated for use of illegal drugs
 - Misuse and overuse of prescription and over-the-counter drugs are a problem among elderly
 - Elderly constitute about 13 percent of the population but consume about 30 percent of all prescription drugs
 - Ability to absorb drugs decreases with age
 - Polypharmacy can create drug reactions harmful to health
 - Adverse drug reactions can produce symptoms of dementia
 - b. Depression: prevalence and incidence
 - Older people do not have higher rates of mental illness
 - Depression is not a normal consequence of aging
 - Alzheimer's disease is not a normal part of aging
 - Reported rates of depression among community-based elderly vary greatly
 - Symptoms of depression occur in numerous combinations

- Depressed people usually describe feeling sad, hopeless, or “down in the dumps”
 - Symptoms can include irritability, uncooperativeness, change in appetite and sleep, lack of energy, and apathy
 - Major depression is diagnosed when five or more symptoms are present
 - Many elderly with depression are mistakenly perceived as suffering from dementia
 - Depressive symptoms can be confused with age-related changes
 - Women are twice as likely to suffer from depression
 - Men are more likely to regard depression as an emotional weakness
 - Women are more likely to view depression as a health issue
 - Symptoms of minor depression increase with age
 - Death of a spouse has a stronger depressive effect on older men than women
 - Women of color are far more likely to be depressed than white women
 - Disability, functional impairment, and poor health increase the probability of depression in later life for both men and women
 - Functional status is a more powerful predictor of subsequent depression than age
- c. Treatment of depression
- Depression is an illness and not part of normal aging
 - Antidepressant medication is the most common approach
 - Electroconvulsive therapy (ECT), or shock therapy, can dramatically affect major depression
 - Psychotherapy, most commonly cognitively or behaviorally based, is a nonbiological approach to treating depression
- d. Suicide
- Depression is a leading cause of suicide among the elderly
 - Suicide rates are highest among the elderly
 - Firearms accounted for about 77 percent of elderly male suicides and 33 percent of late-life female suicides
 - Throughout life males are more likely to commit suicide
 - Older males account for over 80 percent of suicides among the elderly
 - Elder suicide is highest among the divorced and widowed
 - Durkheim’s study of suicide showed that social forces are at work even in solitary acts like suicide
 - Durkheim would characterize most late-life suicides as egoistic due to elders’ lack of integration, or domestic anomie due to the roleless role of the old

III. Dementia in old age

- a. Senility is not a normal part of aging
- b. Memory loss is always considered an indicator of illness
- c. Dementia and organic brain syndrome describe a number of disorders affecting memory, cognition, and mood
- d. Dementia is caused by many different illnesses
- e. Dementia may be irreversible or potentially reversible, depending on the cause
- f. A dementia diagnosis requires impairment in long- and short-term memory
- g. Symptoms must include either (1) impaired abstract thinking, (2) impaired judgment, (3) other disturbances of higher brain function like aphasia, apraxia, or agnosia, or (4) personality changes
- h. About 3 percent of people between age 65 and 74 have Alzheimer’s disease
- i. By age 85 or older nearly one-half may have Alzheimer’s
- j. Education does not insulate one against Alzheimer’s
- k. Alzheimer’s is not associated with income
- l. The progression of Alzheimer’s disease can last 15 years or more
- m. Diagnosis currently confirmed only by autopsy
- n. Misdiagnosis is a known problem due to absence of criteria specific to Alzheimer’s disease
- o. Scientists now believe genetic factors are involved (ApoE)

- p. Some evidence suggests that environmental factors play a role in Alzheimer's disease
- q. Care for Alzheimer's patients costs the U.S. an estimated \$50 billion yearly
- r. Alzheimer's disease is expected to triple in incidence over the next 50 years
- s. Treatment of Alzheimer's disease
 - Pharmacological advances have been made in the last decade
 - Aricept, the second drug introduced in 1996, is the most often prescribed
 - Both Alzheimer's drugs inhibit certain chemicals to enhance lucidity
 - Both drugs have side effects that can be undesirable
 - Research suggests the use of non-steroidal anti-inflammatory drugs decrease the risk of Alzheimer's
 - Preliminary evidence suggests that estrogen replacement therapy may lower susceptibility
 - A nasal Alzheimer's vaccine is currently being tested and has reduced Alzheimer's plaques in mice

IV. Geriatrics, Gerontology, and Mental Health

- a. The physical, psychosocial and functional abilities of elders are inextricably connected
- b. Accurate assessment require a multidisciplinary approach
- c. The development, and insights, of geriatrics and gerontology have influenced how mental health is perceived, approached and promoted in later life

Key Terms and Concepts

Polypharmacy

The taking of many prescription or over-the-counter drugs

Prevalence

Describes the number of cases during a particular time period

Incidence

Describes the number of new cases during a particular time period

Dementia

An organic brain syndrome that affects memory, cognition, and mood that is caused by many different illnesses that affect the brain

Aphasia

A disorder involving the inability to verbalize or use language as before

Apraxia

The inability to carry out motor activities despite intact comprehension and motor function

Agnosia

The failure to recognize or identify objects that are normally familiar

Part III: Aging in Society

Chapter 8: Family Relationships and Social Bonds

Chapter 8 Summary Outline

- I. Family Ties and Patterns
 - a. Multiple forms of family exist throughout the world
 - Family forms vary by culture, historical period, and the social structure of a society
 - No single form of family exists in the United States
 - Skolnick and Skolnick propose we use the concept family life rather than family
 - Two basic social purposes of family include meeting needs of the individuals in the unit and serving the broader public need of the society
 - Change in the age structure of society leads to change in the nature of family
 - In 2050 about one in five Americans will be 65 or older
 - Family patterns and relationships will face unique challenges
 - b. Life chances are not the same for all families (the McCourt example)
 - c. It is a myth that the American family has broken down
 - d. The nuclear family has historically been the most common form in the U.S.
 - Historians note three significant stages in American families over time
 - With urbanization and industrialization different family structures emerged
 - Institutionalized racial discrimination resulted in complex family structures
 - Fictive kin in African American households may have historical roots in West Africa
 - African Americans are more likely to rank individual needs and desires as less important than those of the family unit
 - The roles of family members, and even family structure, also vary by gender over time
 - e. Family structure variations today
 - In 1900 the average American couple had four children
 - Today the average American couple has two children
 - U.S. families are increasingly multigenerational
 - The “beanpole family” is characterized by more people spread over several generations than in one single generation
 - By 2020 projections indicate the average family will comprise 4 generations
 - There are a variety of cultural representations of family
 - Most older people do not prefer to live with their adult children
- II. The Families of the Now-Old
 - a. Marriage: most people marry at one point or another in their lives
 - b. Marital satisfaction generally increases in later life
 - Past history of relationships is a factor
 - Unhappy marriages have often broken up by later life
 - Married couples are less likely to develop physical and mental disabilities than widowed, separated, or never married
 - Research reveals marriage benefits men more than women throughout life
 - c. Widowhood
 - More women than men are widowed
 - At any age widowhood represents multiple losses
 - The higher the education of the spouse left behind the better they handle the loss
 - Widowers fare worse socially and emotionally than widows, as they generally have fewer sources of support
 - d. Divorce
 - Divorce rates do not peak in late middle age
 - Unhappy couples typically split early on
 - Divorced women are less likely to remarry than their male age peers
 - Remarriage rates for elderly widows have remained stable for the past three decades
 - Remarriage rates among divorced women have tended to decrease

III. Social Supports

- a. The majority of older people are not socially isolated
- b. Durkheim's concept of a social network provides a useful framework
- c. Size or number of social networks is not as important as intimate and supportive relationships
- d. Importance of effective social ties in later life
 - Reduce psychological distress
 - Offset the impact of stress
 - Help to maintain physical and psychological well-being
- e. Relatives and friends as sources of social support
 - Relationships with same-sex children are more important than those with siblings or friends
 - Sibling relationships are often more important in later life
 - Sibling ties often provide generational solidarity
 - Death of a spouse often leads to closer relationships with others of the same gender
 - Fictive kin are often important, particularly among African Americans
- f. Religion as a source of social support
 - Some find the major source of support and strength in religious participation
 - Some find the major source of support and strength in their personal relationship with God, Jesus, or the Lord
 - Religious support and strength enhance the ability to cope with loss
- g. Informal caregiving from family and friends: three patterns noted
 - Independence, with no expectations of support for or from children
 - One-way exchange of support from adult children to older parents
 - Mutuality, where support will be exchanged as needed between generations
- h. Expectations and realities of support and caregiving
 - Older African Americans and Latinos are more likely to agree that each generation should provide help when needed
 - African-American couples are the most likely to sacrifice their own use of goods and services to assist their older parents financially
 - Mothers of only children are more likely to depend on their adult child for emotional support
 - Family members, neighbors, and friends are the major source of care and social support for the elderly
 - In the U.S. women still compose about 73 percent of informal caregivers
 - Caregiving is not usually shared equally among family members
 - Caregiving is stressful both for the giver and the recipient
 - Research suggests that caregiver stress differs by race, with African Americans reporting less stress and greater rewards than whites
 - The situation in contemporary Japan: Public Long-Term Care Insurance Act (1997)
 - Economic cost of caregiving is high
 - U.S. employers lose between \$11.4 and \$29 billion dollars annually due to loss of productivity from caregivers
 - The value of informal caregiving was estimated to be \$196 billion in the U.S.
 - It is a myth that uncaring relatives dump the elderly in nursing homes
 - Typically families remain involved with a member placed in a nursing home
 - Growing numbers of parents and grandparents are caregivers to their children or grandchildren for extended periods of time
 - Deinstitutionalization has contributed to the stress of caregiving for mentally ill or disabled adult children
 - In the U.S. 16 percent of preschool children whose mothers work are cared for by a grandparent
 - The percentage of households with children under age 18 has more than doubled between 1970 and 1997

- Three in every four families with coresident grandparents and grandchildren are headed by a grandparent
- Government financial assistance programs have not dealt with the needs of grandparents in the parenting role

Key Terms and Concepts

Social network

The social ties to other individuals, groups, and the larger community that offer support to an individual

Generational solidarity

Relationships with siblings in old age that provide feelings of closeness, psychological involvement, acceptance, and approval

Beanpole family

A family unit made up of more people in several generations than there are in any single generation

Part III: Aging in Society

Chapter 9: Sexuality and Intimacy

Chapter 9 Summary Outline

I. Sexual Scripts

- a. Sexuality is a basic instinctual drive that is socially constructed by the culture in which we live
- b. Simon and Gagnon described sexual behavior as governed by a set of three sexual scripts:
 - Cultural scripts providing information and normative guidelines about appropriate sexual behavior
 - Sexual scripts that we each develop to interpret, modify, and apply the norms for sexual behavior to ourselves
 - Intrapsychic scripts that allow us to develop images about our actual and ideal sexual selves, fantasies, and expectations
- c. Early socialization is an important factor in any birth cohort, particularly for studying sexuality and aging

II. Stereotypes About Sexuality

- a. Cultural beliefs promoting stereotypes abound
- b. We are sexual beings throughout our lives, including in old age
- c. Interest in sex in later life is both natural and desirable
- d. Menopause refers to the end of female reproductive capacity
- e. In most Western societies older women experience greater negative stigma as a consequence of age than do men
- f. Historically inaccurate understandings about sexuality have been directed toward women far more than men

III. Sexual Activity and Responsiveness

- a. Age-related changes in men
 - Normal age-related changes do not interfere with sexual expression
 - Ability to have an erection declines during middle and late life, but continues to be possible
 - Prevalence of impotence increases with age, but may occur at any age
 - Impaired physical health and anxiety may interfere with the erection process
 - Chronic diseases are the primary causes of impotence
 - Side effects of drugs may cause impotence at any age
 - Substance abuse of alcohol, marijuana, and tobacco have also been cited as causes of impotence
 - An estimated one in three cases of impotence is related to stress, anxiety, or depression
 - Viagra increases the ability to produce an erection by increasing blood flow to the penis
 - The numbers of Viagra prescriptions has exploded
 - Viagra may have dangerous side effects for those with diabetes, heart disease, or high blood pressure
 - Prostate problems are often associated with erection problems
- b. Age-related changes in women
 - Female sexual dysfunction has not received as much attention as male dysfunction
 - Physiological changes occur in women with age
 - Vaginal lubrication decreases and is managed with the use of lubricants
 - Contrary to myth, postmenopausal women continue to have the emotional and physical capacities for sexual relations
 - Sexual pleasure has been noted to increase since there is no longer a fear of pregnancy

IV. Sexual Behavior

- a. Most studies have ignored cohort differences, are unrepresentative and biased, and focus primarily on heterosexual behavior

- b. Evidence suggests older people are interested in sex
- c. Opportunities for sexual activity are limited due to lack of marriage partners
- d. Physical and mental health play an important role
- e. Between 1991 and 1996 the proportional increase of new cases of AIDS was higher among those 50 and over than among people aged 13 to 49
- f. Older men and women are less likely to use condoms
- g. The roots of homosexual activity are currently being debated
- h. Different societies have different definitions of sexual identity
- i. Masturbation in later life has not been researched much
- j. Today most experts agree that masturbation among the elderly is a healthy activity

V. Love and Intimacy

- a. Personal intimacy is an important aspect of love
- b. Satisfaction with sexual activity, love, and intimacy in old age appears to be related to satisfaction earlier in life
- c. Sexual responsiveness slows with age but desire and ability remain the same
- d. The institutional setting: barrier to sex, love, and intimacy?
 - Behavior in institutions is often highly regulated (see Goffman study)
 - An atmosphere that encourages discussion of sexual feelings is called for
 - Education of staff, family members, and residents with factual information about sexuality in later life is needed
 - Some call for adding sexual data in resident assessments
 - Others suggest availability of sexual counseling
 - Staff must recognize the need for greater privacy and time alone for couples
 - Staff must acknowledge the need for acceptance of masturbation among residents
 - Staff need training to deal with residents who experience unwelcome or inappropriate sexual advances
 - Must develop institutional settings that protect but do not restrict appropriate expression of sexuality and closeness

Key Terms and Concepts

Total institution

Long-term care which regulates everyday activities from times and types of meals to behavior, controlled with medication and physical restraints in many settings

Part III: Aging in Society

Chapter 10: Work, Retirement, and Leisure

Chapter 10 Summary Outline

I. Labor Force Participation

- a. Retirement is defined by two characteristics: (1) labor force participation and (2) receipt of income from Social Security
 - About 1 in 4 men and women between 51 and 61 do not work for pay
 - More than 8 in 10 men who do not work for pay are retired, compared with about 4 in 10 women
 - Almost 3 in 20 men and over half of women between 51 and 61 have never worked on a steady basis
 - Both gender and race gaps continue to exist in earning from paid labor
 - Among 55- to 64-year-olds women earn about 68 percent of what men earn
 - Age of retirement patterns over time reflect mandatory retirement rules that existed until 1986
 - In 1962, Social Security eligibility age was reduced to age 62, which contributed to more men retiring early
- b. Income relative to worker participation
 - Employed people in their 50s and 60s are more optimistic about their financial future than their retired counterparts
 - Employed white workers aged 60 and over have more than three times the net wealth of employed African Americans
- c. Health strongly influences labor force participation
 - Workers 60 and over are almost twice as likely to report very good to excellent health as are their unemployed age counterparts
 - Workers 70 and older are far more likely to be self-employed than those aged 40 to 59
 - One in 3 workers aged 70 or older is in a professional or managerial job
- d. Gradual exit From the labor force for the aging:
 - phased retirement
 - Allows one to ease into the role of retirement
 - Only about 16 percent of employers use such programs
- e. Gradual exit may involve “bridge jobs”
 - An estimated one-third to one-half of older Americans will work at a bridge job before ceasing all paid work
 - Motivations include the need for income and the desire to explore new types of work
 - Most often a bridge job is a step down from previously held positions and pays lower wages
- f. Displaced workers are those who lost a job at which they worked for at least three years
 - Due to closing or move of the plant or company
 - Due to insufficient work
 - Due to elimination of their position or shift
 - Approximately 3.3 million people of all ages were displaced between January 1997 and December 1999
 - African Americans, Latinos, and women aged 51 to 61 are more likely than white men to be displaced
 - Reemployed displaced workers tend to have lower earnings and benefits than at their previous employment
 - Only 59 percent of displaced workers who find new jobs have health insurance from their current employer or through their spouse
- g. Discouraged workers
 - Not counted as part of the labor force
 - Frequently older workers who experience job discrimination and give up trying

II. Retirement

- a. Retirement as a labor-management strategy
 - A strategy used by employers both to maximize efficiency and profits and to control the flow of workers in and out of the labor force
 - Early retirement plans allow employers to hire younger and less expensive workers
 - Corporate downsizing and incentives for early retirement are common management strategies
- b. Management practices that affect retirement benefits
 - Cut backs on postretirement benefits reflect a steady decline since the late 1980s
 - The loss, or reduction, in health insurance benefits
 - Flexible employment strategies without fringe benefits
 - The 1967 Age Discrimination Act made age discrimination by employers illegal
- c. Despite evidence to the contrary many employers fear older workers are not as productive
- d. Older workers in fact have fewer job accidents and lower absenteeism
- e. Factors influencing workers to retire
 - The average person who retires at age 65 is not well-off
 - Poor health is a major reason for early retirement that results in lower income
 - Retirement is not always voluntary
 - In Europe the retirement age was lowered to intentionally open up jobs for younger workers
- f. Changing attitudes and policies
 - Influenced by presence or absence of a retirement plan
 - Influenced by income and health factors
 - Influenced by the amount of commitment to the job
 - Gender and family obligations play an important role in the decision to retire

III. Sources of Retirement Pensions: Social Security and Private Pensions

- a. Social security is the major source of income for many elders
 - Financed by payroll taxes of current work force
 - A life annuity system
 - First system established by Otto von Bismarck in Germany
 - Thirty-four nations established a social security system before the United States
 - Almshouses established in late 18th and 19th centuries to house the elderly poor
 - The first federal retirement benefit legislation was passed in 1861 to grant pensions for Union Civil War veterans and dependents
 - Retirement programs for certain state and local government workers date back to the 19th and early 20th century
 - The Civil Service Retirement System was established in 1920 for federal employees and the U.S. Congress
 - In 1930 about 40 percent of the nation's elderly were economically dependent
 - Townsend Movement raised social awareness and stimulated the move to create a social security system
 - In 1935, under President Franklin D. Roosevelt, the Social Security Act passed in the U.S.
 - In 1939 Congress added benefits for dependents of retired workers and surviving dependents of deceased workers
 - Age 65 designated for both economic and political reasons
 - Disability Insurance added in the 1950s
 - Disability Insurance amended in 1960s to include all ages of disabled workers, and widows and widowers over 50
 - Medicare (Title XVIII) and Medicaid (Title XIX) added in 1965
 - Social Security does not provide enough income to live on
 - Social Security does not keep elderly people out of poverty
- b. Supplemental Security Income (SSI Title XX)

- Created in 1972 and put into effect in 1974
 - Intended to assist the poor and permanently disabled
 - A welfare means-tested program
 - Over half of SSI recipients have no other income
 - Does not bring recipients above the poverty level
- c. Private pensions
- Employer-sponsored retirement plans: defined benefit or defined-contribution plans
 - Individual retirement plans (IRAs; 401 (k)s)

IV. Leisure and Retirement Activities

- a. Voluntary organizations and volunteering
- Older volunteers contributed over \$77.2 billion worth of services in one year alone
 - One survey noted that more than half of retirees had either volunteered or done community service in the past year
 - Several established programs exist that provide volunteer opportunities for people 65 and over
- b. Education
- The proportion of people aged 65 and over participating in educational activities has almost doubled since 1990
 - Learning ability does not decline among healthy older people
 - Late-life learning programs have been developed by more than 300 colleges or universities
 - Seniornet, Elderhostel, the University of the Third Age, and other programs provide unique learning opportunities for elderly citizens
 - The United States has been slow to develop programs for older learners on a systematic basis

V. Labor Force Participation and Retirement in the Future

- a. Baby boomers' retirement is likely to have a dramatic effect on the economy
- b. By 2018 all but the youngest boomers will be of retirement age
- c. The labor shortage is likely to be offset by the more than 7.6 million immigrants who entered the U.S. between 1991 and 1998
- d. Fear of age discrimination continues even though illegal
- e. 80 percent of baby boomers believe they will continue to work during retirement
- f. Differences in pension wealth will affect retirement plans
- g. The baby-boomer generation constitutes an important potential voting bloc force for aging issues that affect them in the future

Key Terms and Concepts

Labor force participation

Defined by the federal government as the percentage of a population that is either working or actively looking for work

Phased retirement

Any arrangement in employment that permits older workers to reduce their work hours and responsibility to ease them into full retirement

Bridge jobs

A job taken during the period between full-time employment and retirement

Displaced workers

Persons who lost a job at which they had worked for at least three years due to one of the following: (1) closing or move of the plant or company; (2) insufficient work; or (3) abolition of the position or shift

Discouraged workers

People who are available to work and have looked for a job in the last 12 months or since the end of the last job they held, but are not currently looking for work because they think no jobs exist

Life annuities

Pension programs that pay out a periodic amount of money for life in exchange for an up-front premium charge

Medicare

The health insurance program, established in 1965 and financed through the Social Security System, that was set up to insure health benefits for all elderly in the U.S.

Medicaid

The system established in 1965 and set up through the Social Security Act to establish grants to states for health care for the poor of all ages as determined by a means test

Means-tested program

A program that limits eligibility to those whose income and assets do not exceed limits established by the government

Part III: Aging in Society

Chapter 11: Economic Security, Public Policy, and Politics

Chapter 11 Summary Outline

- I. Income and Expenditures in Later Life
 - a. Distribution of income and assets
 - Median income most often used as measure of income distribution
 - Median income for American workers in 1995 was \$15,000
 - Median household income measures the amount for the household as a group
 - b. Race and ethnicity influence median income
 - c. Women have median incomes almost \$10,000 less than men in the U.S.
 - d. Age is an important influence
 - Households headed by people under age 65 show median income of \$51,418
 - Households headed by people aged 65 to 74 show median income of \$28,889
 - Median incomes continue to decline with old age
 - Social Security accounts for 38 percent of the income of the elderly
 - Net worth is another measure of financial state in later life
 - Between 1984 and 1999 median net worth among households headed by people 65 or older increased by about 69 percent
 - Disparity between African-American households and white households headed by elders is considerable
 - In 1999 median net worth of older white households was estimated to be around \$181,00—168,000 more than that of elder African-American households
 - e. Social Security and income
 - The Social Security Administration paints an even bleaker picture of income in their analysis
 - For the majority of elders, Social Security is the major source of income
 - Women represent 60 percent of all aged recipients and 72 percent of beneficiaries aged 85 and older
 - A widow is entitled to 100 percent of her husband's benefits
- II. Expenditures: Older People as Consumers
 - a. People over 50 are a growing and well-off consumer group
 - b. People over 50 hold 50 percent of the total discretionary income in the U.S.
 - c. Regardless of birth cohort, a large share of people's health care budgets went to health insurance and medications
 - d. People aged 65 to 74 spend around 26 percent more on health care needs than younger people
- III. Poverty and the Distribution of Income in Later Life
 - a. Official measure of poverty based on a family's annual income before taxes
 - b. Official poverty index developed to reflect consumption patterns
 - c. There are two separate indices of the poverty index, one for those under aged 65 and one for those over 65
 - d. In 1999, the poverty line for one person 65 or older living alone was \$7,990
 - e. The poverty line for one person 65 or older living alone was \$677 less than for someone under 65
 - f. The poverty line for two people 65 or older living together was \$10,075 (\$1,139 less than for a couple under 65)
 - g. The proportion of people 65 and over officially living in poverty has sharply declined since 1959
 - h. The official poverty figures obscure those living in near poverty
 - i. Nearly 5.6 million elderly were "near poor" in 2000
 - j. Poverty related to race/ethnicity and marital status
- IV. The Politics of Aging

- a. Social Security: dissolving the welfare state?
 - Social Security is more than a retirement fund
 - Social Security has become a political football
 - Trustees of fund predict funds are sufficient to continue until 2041
 - Both the retirement and disability programs face long-term deficits under current financing patterns
- b. Social Security is more than a retirement fund
 - Primarily due to Social Security, poverty rates among the elderly declined from 35 percent in 1959 to slightly more than 10 percent in 2000
 - 43 percent of funds paid went to retired workers in 1999
 - 41 percent of funds were paid to survivors and dependents of retired workers
 - 16 percent went to disabled workers
- c. Should Social Security go private? Arguments *for* privatization
 - Social Security currently wastes money
 - Small private accounts will provide better returns
 - Private accounts give the average person a better chance to get rich
 - Most retirees don't really need Social Security
 - Privatization would benefit both men and women
 - Privatization would allow people to collect higher benefits for the years that they live
- d. Should Social Security go private? Arguments *against* privatization
 - Administrative costs for social security are less than 1 percent, privatization costs would be between 12–14 percent
 - The risk is far greater with private investments
 - Problems with mismanagement could devastate elders
 - More than 60 percent of the elderly relied on Social Security for at least half of their income in 1998 and 1999
 - Privatization would hurt women more than men because they earn less, live longer, and interrupt their working careers to care for family
 - African Americans would be greatly disadvantaged because of significantly lower earnings
 - Some suggest privatization models that involve the Social Security administration on some level
 - Some propose increasing the age for full benefits
- e. In 2000 almost 8 of 10 Americans considered candidates' positions on Social Security as an important issue affecting their vote
- f. In 2001 President Bush appointed a Commission to Strengthen Social Security which established eight criteria to evaluate various proposals for revamping the system

V. Major Legislation Affecting Elders' Health and Economic Well-Being

- a. Medicare (Title XVIII of the Social Security Act) enacted in 1965 to help elders obtain and pay for medical care
 - Not a means-tested program
 - Funded through two trust funds of the federal government
 - Has continuously increased the amount of deductibles, co-payments, and premiums individuals must pay
 - The Medicare Catastrophic Health Care Coverage Act was passed in 1988, but repealed shortly thereafter
 - Federal estimates predict that the fund will gradually decline until turning into deficits by 2017
 - In 2000 prescription drug coverage became a rallying cry as a needed addition to Medicare
 - Comparison of U.S. Medicare to the Norwegian system
- b. Older Americans Act (OAA)
 - Designed in 1965, the OAA is directed at the unmet social service needs of elderly

- Created the Administration on Aging (AOA) as a federal agency headed by an Assistant Secretary for Aging within the Department of Health, Education, and Welfare
 - Determined and established a series of entitlements
 - Eligibility for services under the OAA begins at age 60
 - A relatively low level of funding is dedicated to OAA programs, so mostly disadvantaged groups are targeted
 - The OAA was scheduled for reauthorization in 1991, but was not; it then continued under a Congressional resolution until being reauthorized by Congress in 2000
- c. Age Discrimination in Employment Act (ADEA)
- Passed in 1967
 - Originally prohibited age discrimination against those aged 40 to 65
 - In 1986 the ADEA was amended to eliminate the age ceiling, with some specific exceptions that were later repealed
 - Problems of enforcement have surrounded this protection as much discrimination is covert
- d. Family and Medical Leave Act (FMLA)
- The FMLA was passed in 1993
 - Mandated public agencies and private-sector employers with 50 or more employees to grant up to 12 or more weeks of unpaid leave for medical reasons
 - FMLA requires that employees returning from leave must be returned to their old jobs or be given equivalent ones

VI. A Tradition of Political Elders

- a. Elders as politicians
- The average age of a U.S. Congressperson is between 50 and 59, but age is not a barrier to holding political office
- b. Elders as a political force
- The power of elders and organizations or special interest groups lobbying on behalf of the elderly is more reactive than proactive
 - The elderly are viewed as a powerful voting bloc because of their numbers
 - Some mistakenly view the elderly as a large homogeneous voting bloc
 - The elderly are a heterogeneous and diverse group with differing stances on issues
 - The 65-and-older population is far from apathetic about voting
 - About two-thirds of the elderly vote
 - Voting remains consistently lowest among those 18–24
 - Gender, race, and birth cohort interact to affect political preferences
 - Men have consistently been more likely to vote republican than women
 - The higher a person's levels of education and income, the more likely he or she is to vote
- c. Organizations of and for the elderly
- Currently more than 1,000 separate interest groups are involved in political action on behalf of the elderly
 - At least 100 national organizations are involved in political action on behalf of the elderly
 - The American Association of Retired Persons (AARP) is the largest and best-known such organization
 - The National Council of Senior Citizens (NCSC), established in 1961, is a less powerful organization that is traditionally less conservative than AARP
 - The National Association of Retired Federal Employees (NARFE), established in 1921, is one of the oldest aging-interest groups
 - The Gray Panthers and the Older Women's League also advocate on behalf of the elderly
 - Purpose and focus differs from group to group, as does constituency

Key Terms and Concepts

Median income

The dollar amount denoting a population's midpoint income; half those counted are above and half below this point

Net worth

The value of real estate, stocks, bonds, and other assets, minus outstanding debts

Near poor

Near the poverty level but not officially poor; defined as those with income up to 125 percent of the poverty line

Part III: Aging in Society

Chapter 12: Elders in the Health Care System

Chapter 12 Summary Outline

I. Who Pays for Health Care?

- a. Rising health care costs
 - Medical care costs account for about 14 percent of the U.S. gross domestic product
 - Around 36 percent of our total health expenditures are for people age 65 and over
 - As the population grows, so will the demand for services
 - Increase in expensive diagnostic technology has contributed to rising costs
 - Increases in the numbers and incomes of health care providers has contributed to rising cost
 - Costs of malpractice insurance contributed to rising costs
- b. Medicare and Medicaid facts
 - About 5 percent of Medicare recipients account for 50 percent of expenditures
 - Medicare does not cover all expenses
 - Medicare has two parts: Part A and Part B
 - About 90 percent of Medicare beneficiaries also have some form of third-party insurance to help with costs
 - Medicaid, a need-based program, varies from state to state
 - About 11 percent of Medicaid recipients are aged 65 or over
 - Two-thirds of Medicaid spending for the elderly goes to nursing home care

II. Patterns of Health Care Utilization

- a. Out-patient care
 - Not covered by Medicare Part A
 - Some covered by Medicare Part B
 - Medicare Part B is voluntary and requires premiums to be paid for coverage
 - Routine dental care is not covered by Medicare
 - Many have difficulty navigating the complex health care system
 - Transportation to medical care not covered
 - Many do not know what they are entitled to receive
 - Access barriers add to the inequality of health care
 - In 2000 average out-of-pocket charges for medical care amounted to 22 percent of the income of all persons 65 and older
 - Average out-of-pocket medical expenses for low-income elderly women amounted to 53 percent of their income
 - People's prior life experience with health care directly affects their use of out-patient services as they age
 - Socioeconomic conditions, *not* health risk behaviors, are the primary reasons for the racial stratification of health
- b. The rise of managed care
 - HMOs act as both insurers and providers
 - HMOs charge a fixed yearly sum in advance with limited co-payments when receiving care
 - HMOs make a profit if their cost of providing services is lower than the agreed-upon payment
 - Patients must use services that are part of the HMO
 - IPAs contract with physicians to provide services to enrollees for a negotiated rate
 - POS plans combine features of both prepaid and fee-for-service arrangements
 - POS plan enrollees may use providers in or out of the plan but pay more if using a non-PPO provider
 - Research suggests the quality of health care is comparable under HMO and fee-for-service plans

- Some HMOs have been cited for cost cutting and bad practices
 - HMOs have not produced Medicare savings at the targeted rate
 - HMO participants are less satisfied with either the quality of care or their relationships with their physicians
 - HMO participants are more satisfied with the lower co-payments and deductibles they pay and with broader benefits
- c. Methods of payment, DRGs, and hospital use
- A prospective payment plan introduced in 1985 to cap costs
 - Prospective payment for Medicare patients is based on diagnosis-related groups (DRGs)
 - DRGs include 467 different diagnoses with different fixed payments attached
 - Hospitals that stay below the fixed payment amount keep the difference
 - Hospitals exceeding the fixed payment cost must absorb the loss
 - Rates differ by region and available resources
 - Medicare does *not* cover all hospital expenses
 - Medicare does not provide protection against extraordinary costs
 - Ability to pay thus affects quality of care available

III. Long-Term Care

- a. Nursing homes
- Most elders are *not* in nursing homes
 - Only 5 percent are in long-term care facilities at any given point in time
 - Quality of care is affected by the source of payment, social structure of the facility, and sociocultural patterns
 - For-profit homes are challenged to maximize profits
 - Non-profit homes are challenged by the availability of funding
 - One study found 36 percent of nursing home residents had experienced at least one incident of physical abuse by a staff member in the previous year
 - Ten percent of nurses surveyed reported they had committed one or more physically abusive acts
 - Forty percent of nurses admitted psychological abuse
 - Maltreatment of nursing home patients is at least in part a response to high-stress working conditions
 - Average costs of nursing homes in 1998 was \$153 per day, or \$56,000 per year
 - Medicare does *not* cover nursing home care often
 - Medicaid requires a spend down before eligible for support for nursing home care
- b. Alternatives to nursing homes: Continuing Care Retirement Communities (CCRC) and assisted living
- Offer less restrictive settings than a nursing home
 - Do not typically include nursing care
 - Neither Medicare nor Medicaid covers the cost of living in a CCRC or assisted living
 - Assisted living costs range between \$31,000 and \$60,000 annually
 - Assisted living facilities are still largely unregulated
- c. Home and community long-term care
- Roughly 1.9 million people over age 65 have chronic physical or mental limitations that require some help at home
 - Federal law requires all states to provide home health care
 - About 47 percent of the home health agencies in the U.S. are for-profit, 44 percent non-profit, and the rest are government agencies
 - The Balanced Budget Reconciliation Act passed in the 1990s established prospective payment rates for home health care of Medicare recipients
 - Disabled elders report greater satisfaction and feelings of security when they direct their own long-term care, as with home health rather than institutional placement
 - Adult day care provides services primarily for those who need 24-hour supervision or attention by covering a portion of this care time in a group setting

- Adult day care offers critical respite for family members caring for an elderly relative
- Family Caregiving provides the major source of care for infirm elders

IV. Health Care Providers and the Elderly

- About 80 percent of our health care resources are devoted to chronic disease
- Learned helplessness is a critical concern with regard to those who need to be placed in institutional settings
- Negative attitudes about the elderly tend to promote learned helplessness behaviors
- Increasing numbers of programs to train health professionals about aging are being established

V. Health Promotion, Self-Help, and Self-Care

- Several factors contribute to the enthusiasm for health promotion.
 - The consumers' movement in general and demands for improved health care
 - Criticisms of the health care establishment
 - Belief that individuals should have primary responsibility for their own health care
 - Potential for health promotion to reduce the rising costs of health care in later life
- In the 1970s Congress passed the National Consumer Health Information and Health Promotion Act
- Healthy People 2000 emphasized the importance of personal responsibility for health (U.S. Public Health Service report)
- Self-care accounts for about 85 percent of all health care in the world
- Healthy People 2010 identified nutrition and exercise as the top health promotion priorities relevant to the older population
 - Obesity is a major health problem for Americans
 - Among those 65 and over, 54 percent are overweight and 16 percent are obese
 - Significant proportions of older Americans are either malnourished or at risk of malnutrition
 - Congregate meals and home-delivered meal programs attempt to address nutrition needs of elders
 - Poverty and social isolation can result in inadequate food intake
 - Proportionately, more elderly women living alone are at higher risk of malnutrition than men
- Exercise has been shown to be of great importance
 - Over 40 percent of those 65 and over engage in no leisure-time physical activity
 - Less than 10 percent of those over 65 engage in vigorous health activity
 - Evidence clearly demonstrates the health benefits of exercise
 - Exercise improves balance, thus reducing the likelihood of falls and fractures
 - Even nursing home residents in their 90s can benefit from exercise
- Issues in self-help and self-care
 - Commercialism raises concerns about claims of benefit
 - Prevention and relief potential are difficult to evaluate
 - Concerns that self-care and self-help efforts may delay seeking appropriate medical treatment
 - More knowledge is needed for a better understanding of the range and efficacy of self-interventions

Key Terms and Concepts

Nursing home

A facility with three or more beds designed to deliver health, personal care, and social services to people who have lost or never had some degree of functional capacity

Assisted living homes

A middle ground between a nursing home and independent living in the community that provides a range of services to residents up to the point where they need nursing or other professional support or assistance on a daily basis

Part III: Aging in Society

Chapter 13: Death, Dying, and Bereavement

Chapter 13 Summary Outline

- I. Twentieth-Century Mortality Trends
 - a. The changing demography of death
 - The idea of death as an event most likely to occur in old age is relatively new
 - Infant mortality rate often used as a key measure of quality of life
 - More than half of all deaths in the U.S. occur after age 50
 - Heart disease accounts for more than 1 in 3 deaths
 - Cancer explains 1 in 5 deaths
 - Stroke accounts for about 1 of 10 deaths
 - b. Sex, race, ethnicity, and social class
 - At every age females can expect to live longer than males
 - Racial and ethnic minorities are likely to die earlier than whites, primarily due to socioeconomic disadvantages
 - At very old ages African Americans have lower mortality rates than whites
 - Native Americans, on average, live about four years less than whites
 - Native Americans who live to age 76 have lower age-specific death rates than whites
 - Among Latino groups the overall mortality rate is close to the national average for all races and ethnicities
 - Latino elders are twice as likely to die of diabetes, chronic liver disease, and cirrhosis
 - American-born Asians have a longer life expectancy than their white counterparts
 - Whether male or female, people in lower socioeconomic groups live shorter lives than those of higher social class
 - Medical care is not equal across socioeconomic class lines
 - People live the longest lives in nations with the smallest gaps between social classes
 - The long-term affect of the “second shift” on mortality rates for women is yet to be determined
- II. Death in American Society
 - a. Fear of death and attitudes toward dying
 - Stereotyped assumptions about attitudes toward death are often incorrect
 - Feelings and beliefs about death vary for people of all ages
 - b. Dying as a social process
 - Position in social class structure influences how we die
 - Discrimination about the kind of care given to the dying exists
 - Ageist assumptions lead to older people often receiving less treatment than younger people when dying
 - Expectations about the duration of terminal illness are socially defined
 - The shape of a terminal illness varies and is socially defined
 - c. Awareness of dying: Glaser and Strauss model
 - Closed awareness
 - Suspected awareness
 - Mutual pretense awareness
 - Open awareness
 - d. Physical and social death
 - Defining death is always problematic
 - Kastenbaum offers a useful distinction between physical death and personal death
 - Social death describes the situation whereby a person is treated like an object
 - e. The bureaucratization of death
 - Over three-fourths of U.S. deaths take place in some kind of health care facility
 - Less than 1 in 5 deaths in the U.S occur at home

- Only about 6 percent of the very old die at home
- Death has become medicalized and bureaucratized
- Medical and nursing personnel have structured routines
- Record-keeping requirements are often extensive
- Disposal of the deceased follows a hierarchical pattern
- Procedures surrounding dying and death are structured and geared toward greater efficiency
- Bureaucratization and medicalization contribute to the impersonal nature of the dying experience
- Dying and death have become big business
- Funeral industry chains dominate the more than \$25 billion funeral business in the United States
- Death is financially costly for survivors and people who prepay their own funerals
- Average cost of a funeral in the U.S. is \$4,500, three times the cost in Great Britain
- Embalming is not required by law, except in certain circumstances
- About 21 percent of the dead in the U.S. are cremated

III. Is There a “Right to Die”?

a. Advance directives

- Congress passed the Patient Self-Determination Act in 1990, requiring health care facilities receiving Medicare funds to inform patients about their right to prepare advance directives or living wills
- All states provide immunity to physicians and other health care professionals if they do not follow the patient’s wishes expressed in a living will and carry no penalty if an advance directive is disregarded
- An estimated 90 percent of patients do not have advance directives
- Typically physicians do not provide adequate details for patients to make informed choices about life-extension procedures
- Preference choices about life-sustaining measures that are made when relatively healthy often differ from those made when confronted with illness or health crisis
- What is reasonable in terms of life and death decisions is not always clear
- Refusal of surgery or extensive medical treatment does not necessarily mean one is mentally incompetent

b. Hospice

- Costs are covered by Medicare and most private and Medicaid insurance programs
- Use has largely been among people dying of terminal cancer and more recently AIDS

IV. Euthanasia and Assisted Suicide

a. Passive euthanasia

- First euthanasia bill drafted in Ohio in 1906
- Euthanasia Society of America founded in 1938
- The 1976 Karen Ann Quinlan case focused national attention on the right to withhold life-extension treatment
- In 1990 the U.S. Supreme Court allowed Nancy Cruzan to refuse medical treatment in its first euthanasia decision

b. Assisted suicide or active euthanasia

- In 1990 Dr. Jack Kevorkian assisted Janet Adkins, an Alzheimer’s patient, to die
- Kevorkian attracted much media and legal attention throughout the 1990s
- In 1999 Dr. Kevorkian was convicted of second-degree murder in the death of Thomas Younk
- In November 2001, Dr. Kevorkian’s appeal was rejected by the Michigan Court of Appeals
- Popular support for “death with dignity” is growing
- Hemlock Society is dedicated to the right to choose euthanasia

- In 1994 Oregon voters approved an act permitting terminally ill patients to obtain a physician's prescription to end life in a humane and dignified manner
- In 1997 the U.S. Supreme Court upheld state statutes that bar assisted suicide
- As of 2002, only Oregon had a statute allowing physician-assisted suicide, and then only for terminally ill patients
- In Canada, euthanasia and assisted suicide are punishable by up to 14 years in prison
- The Netherlands is the only European nation where euthanasia is legal
- Critics of the Dutch system argue that euthanasia is differentially applied and not always voluntary

V. Bereavement and Grief

- Both are shaped by the historical period and culture in which people live
- Grief is both a symbol of caring for the person who has died and a reaction to the social vacuum created by the death
 - Acute grief affects all aspects of an individual
 - Acute grief may induce physical and psychological symptoms
 - Grief work is a necessary process following the death of a loved one
 - Death of a significant other is potentially more devastating now than it was in preindustrial societies due to changes in the social response
- Worden (1982) proposed four tasks of mourning to ease loss:
 - Accept the reality that the dead person will not return
 - Experience the pain of grief rather than suppress or deny it
 - Adjust to an environment in which the deceased is missing, including loss of roles played by him or her
 - Withdraw emotional energy from the deceased and reinvest in new relationships
- There is wide variation in how grief is expressed:
 - Constructed by historic-cultural patterns
 - By survivors' social characteristics
 - By available social supports
 - By feelings toward the deceased
 - By individual personalities

VI. Widowhood

- Response to the loss of a spouse depends on several factors:
 - closeness of the marital bond
 - the extent to which the bereaved person depended on the spouse
 - how important the marriage was to the individual's self-definition
- Lopata's studies found well-educated, middle-class women were more likely to experience the death of a spouse as disruptive to their self-concept than were working- or lower-class women
- Becoming widowed may lead to idealization of the dead spouse
- Adaptation to widowhood is affected by several factors:
 - Economic resources
 - Supportive social networks
 - Health
 - Self-concept
- Widowers are somewhat more likely to die within a year after bereavement than widows

Key Terms and Concepts

Infant mortality rate

The number of deaths among infants under age one per 1,000 births

Closed awareness

Describes a social situation in which hospital staff and physicians know that a patient is dying, but the patient is unaware of the fact due to inability to recognize the signs of terminal disease

Suspected awareness

Occurs when the patient suspects but is uncertain that an illness is fatal

Mutual pretense

The state of awareness where the patient, staff, and family know that an illness is terminal but do not discuss it openly

Open awareness

The state of awareness that occurs when everyone knows and openly admits that death is approaching

Physical death

The end of life; permanent cessation of all vital functions and signs

Personal death

The state whereby an individual may remain technically alive but unable to initiate action or to respond to others in a meaningful way, having lost autonomy and control over even the most basic functions and actions of life

Social death

The point at which socially relevant attributes of a patient are no longer operative; in effect, the patient is treated as if dead while still alive

Advance directives

A type of living will whereby a mentally competent person states in writing their preferences for terminal care; directives become effective when a person becomes incompetent to make health care decisions during the course of a terminal illness or if the individual is in a permanent coma

Hospice

Care designed to enable terminally ill people to carry on as alert, pain-free lives as possible and to manage symptoms in their own homes or in home-like settings

Bereavement

The objective situation of having lost someone significant

Grief

The emotional response to loss

Mourning

The actions and manner of expressing grief, which most often reflect the practices of one's culture

Grief work

A process whereby one comes to terms with the loss of a loved one, readjusts to the environment without that person, and is able to again form new relationships