TENTH EDITION

# SOCIAL GERONTOLOGY

## A MULTIDISCIPLINARY PERSPECTIVE

Nancy R. Hooyman ▪ H. Asuman Kiyak

Pearson

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## Tenth Edition

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*In addition, we acknowledge the extensive contributions of Kevin Y. Kawamoto, University of Hawaii, and Barbara Resnick, University of Maryland.*

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**Full-Service Project Manager:** iEnergizer/Aptara®, Ltd.
**Compositor:** iEnergizer/Aptara®, Ltd.
**Printer/Binder:** LSC Kendallville
**Cover Printer:** Phoenix
**Cover Design:** Lumina Datamatics, Inc.
**Cover Art:** Paolese/Fotolia

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**Library of Congress Cataloging-in-Publication Data**

Hooyman, Nancy R., author. | Kiyak, H. Asuman, 1951- author.
Social gerontology: a multidisciplinary perspective/Nancy R. Hooyman, University of Washington, H. Asuman Kiyak, University of Washington.
Tenth Edition. | Hoboken: Pearson, [2017] | Revised edition of the authors' Social gerontology, c2011. | Includes bibliographical references and index.
LCCN 2016059003| ISBN 9780133894776 | ISBN 0133894770
LCSH: Gerontology. | Aging. | Older people—United States.
LCC HQ1061 .H583 2017 | DDC 305.260973—dc23 LC record available at https://lccn.loc.gov/2016059003

10 9 8 7 6 5 4 3 2 1

**Student Edition**
ISBN 10: 0-13-389477-0
ISBN 13: 978-0-13-389477-6

# Contents

# Preface

First, a brief note about my co-author. Sadly, Dr. Asuman Kiyak died suddenly from cancer in May 2011, just as we were contemplating this edition as well as formulating the Revel version of the lower-division undergraduate text, *Aging Matters: An Introduction to Social Gerontology* (2015). Throughout this piece, I continue to use the first person plural—"we" and "our"—in referencing authorship, because I know that Dr. Kiyak would share my goals and intent, which reflect both her original conceptualization of this text as multidisciplinary and her high standards of scholarship.

This edition of *Social Gerontology: A Multidisciplinary Perspective* reflects profound changes in the way society views aging and older adults. We have moved from a widely held perspective that aging represents inevitable decline to the more optimistic viewpoint that people can, to some extent, influence their own experience of aging. Our lifestyles related to exercise, nutrition, and social engagement during youth and middle age can affect our physical, cognitive, emotional, and social well-being in our later years. This paradigm shift in the field of gerontology is attributable to two parallel and interconnected processes. First, a growing body of research demonstrates the role of individual choices, strengths, and behaviors in whether we age in a healthy, active, and socially engaged manner or with multiple chronic diseases and without supportive social networks. While genetic and societal factors, especially educational and economic opportunities, affect how we age, recent studies offer evidence that even older adults who are living with dementia, chronic diseases, or poverty can be resilient and experience well-being in ways that were rarely recognized in the past.

On the other hand, we bring a social constructionist and feminist perspective to the concept of successful aging, recognizing the growing structurally determined disparities among older adults—women, people of color, immigrants, LGBTQ individuals, and those who are low-income—in their access to resources and opportunities to age in a healthy manner. Recent studies point to the media's role in portrayals of successful aging as dependent primarily on individual choices; in many ways, this is a new form of ageism. These constructions negatively affect the attitudes of both the public and policy makers toward older adults with chronic illness or disability who are judged to be aging unsuccessfully. This tension between the extent of individual and societal responsibility for how we age underlies many policy debates, particularly related to the traditional age-based policies of Social Security and Medicare.

Another trend in the past 30 years has been society's recognition of the continuing contribution of older adults to our cultural, family, work, and community lives, as reflected in the increasing attention given to older adults' productivity (defined broadly to encompass all the paid and unpaid ways that older adults can be positively engaged in society in what is called the Third Age). Our society is moving away from the perspective that aging means withdrawal from active participation in society to one where older adults, including those living with dementia or physical disability, can remain an integral part of our communities. Yet, we also recognize that some older adults prefer contemplative and solitary activities and experience high levels of well-being without being labeled productive in a traditional sense. Additionally, many elders face societal barriers to productivity and civic engagement such as volunteerism and political activity. The increasing diversity of the older population, along with the growing number of immigrant and refugee elders, points to the importance of celebrating how older adults can contribute to their communities in ways that are not based on traditional Western models of productivity.

A profound shift since the last edition is the increasing economic inequality among the older population, which is now greater than among any other age group. Many older adults saw their incomes and retirement savings dramatically reduced because of the Great Recession and have had to continue to work or to return to the workplace. In other instances, older adults who lost their jobs during the Recession have found it difficult to move into new positions and have ended up in the part-time poorly paid service sector. Accordingly, the poverty and near-poverty rate among older adults, especially women and elders of color, is currently growing after decades of decline, while social services to support elders' well-being have been cut. Although adults age, 65 and older benefit from Medicare, this federal insurance plan does not cover all their acute care and prescription expenses and, even less so, their long-term care; as a result, many elders are faced with growing out-of-pocket health care expenditures that diminish quality of life. State-level cuts in Medicaid translate into inadequate care for the neediest, as well as reductions in other services to the older population. Perhaps the trend of greatest concern is the growing longevity gap between high-income and low-income Americans, despite advances in medicine, technology, and education.

Today, aging is a process that attracts attention of the public, the media, politicians, and businesses and industry

largely because of the visibility and influence of aging baby boomers. Public officials, as well as individuals in the private sector, must address the challenge of planning for a not-so-distant future—2030—when older people will make up 20 percent of the U.S. population. Throughout this text, we maintain that this growth is not a crisis or "silver tsunami," as portrayed by media and some policy makers. Instead, we consistently point to the need to modify structurally our health and social services, long-term services and supports, retirement policies, educational and recreational services, religious institutions, and housing and community patterns to draw upon older adults' contributions as a societal asset in meeting any challenges.

Demographic and societal changes have also meant that most colleges and universities offer courses in gerontology, the study of aging. Since the first edition of *Social Gerontology*, more courses have been developed and more texts have been published. The goal of many of these courses is to enhance students' knowledge and personal understanding of their own and others' aging. Others aim to prepare students not only to understand the process of aging and the diversity among older people but also to work effectively with older adults and their families. Frequently, students take such a course simply to meet a requirement, but they quickly learn how relevant the aging process is to their own lives. Thus, instructors are often in a pivotal role to help students see the connection between learning about aging and understanding their own behavior, that of their parents, grandparents, and other relatives, and eventually the behavior of their clients, consumers, or patients. Recognizing this task, this text encourages students to identify implications for their lives and those of their families. The positive responses of faculty and students to the first nine editions suggest that we have been successful in achieving our goals. Similarly, we are confident that the 10th edition has distinctive features and numerous strengths, as outlined here.

# Aims and Focus

We anticipate that this Revel edition conveys the excitement and relevance of understanding the aging process and creatively addresses the interactions among the biological, physiological, psychological, and social aspects of aging. Our original aim to keep the text comprehensive, thorough, and current in its review of the rapidly growing research on older adults continues. For almost 30 years, we have been committed to creating and continuously updating content useful to a wide range of disciplines, including nursing, social work, sociology, psychology, health education, architecture, and the allied health professions. We are pleased that both undergraduate and graduate students find our text to be helpful and even inspiring, both personally and professionally. We hope that the new interactive format is one that engages students even more in learning about aging and applying this knowledge to their interactions with older persons.

As the title implies, our goal is to present in a multidisciplinary manner the diversities of the aging experience; the effects of physiological, cognitive, emotional, interpersonal, social, and cultural forces on aging; and the heterogeneity of the older population in terms of age, race, class, gender, functional ability, and sexual orientation. Aging is a fascinating process because these changes occur differently in each one of us. There is considerable truth to the statement that, as we grow older, we become more unlike each other. However, growing research and practice on social determinants of well-being and increasing health and economic disparities point to the necessity of environmental changes, including aging-friendly communities for all older adults and their families.

As you will see throughout the 18 chapters, a careful examination of the social lives of older people requires a basic knowledge of the historical, cultural, biological, physiological, psychological, and social contexts of aging across the life course. It is essential to understand the changes that occur within the aging individual, how these modifications influence interactions with social and physical environments and cultures, and how older people—and often their families—are affected by such interactions. A unifying theme throughout the text is the impact of these dynamic interactions between older people and their environments on their quality of life and physical and mental well-being, as well as on strategies to modify environments to promote active aging.

Social gerontology encompasses a wide range of topics with exciting research in many domains. This text does not cover all these areas but rather highlights major research findings that illuminate the complex processes of aging. Through such information, we intend to dispel some of the myths and negative attitudes about aging. We also hope to encourage readers to pursue this field: academically, professionally, and for the personal rewards that come from gaining insight into older people's lives and their own. Because the field is so complex and rapidly changing, some recent research findings may appear to contradict earlier studies as well as many of your own beliefs about aging and the older population. We have attempted to be thorough in presenting a multiplicity of theoretical perspectives and empirical data to ensure that readers have as full and accurate a picture of the field as possible. Up-to-date content is included throughout, but because the field changes so rapidly, some of the issues discussed in this edition—such as those related to dementia, or to social, health, and long-term care policies and programs—may be out of date even by the time the text is published. We encourage you to keep up with these changes by reading journals, periodicals, and websites that

report on recent research findings and initiatives related to older adults and their families.

# Features

We begin by reviewing major demographic, societal, and cultural changes and their implications for the development of the field of social gerontology, as well as research methods used to study aging and older people. Concepts surrounding the globalization of aging and issues distinctive to immigrants and refugees are also discussed. We then turn to the normal biological and physiological changes, particularly in sensory functions, that affect older people's daily lives, as well as their risk of chronic diseases, frailty, and disability and how they cope with these conditions. Updates on health and long-term services and supports, including new models of chronic disease management, care transitions, and health promotion, are covered. Normal age-related psychological changes in learning and memory, cognitive function, creativity, personality, and sexuality, as well as behavioral health issues, particularly depression and dementia, are reviewed. Given our emphasis on how physical and psychological changes affect the social aspects of aging, we then address social theories of aging; the social context of family, friends, neighbors, and other multigenerational supports; and current living arrangements. We cover community-based innovations for productivity and for social/civic engagement in the later years. We also explore the different conditions and ways that people die and grieve. Throughout the text, the differential effects that these individual and macro-level changes have on three rapidly growing but historically underserved populations—women, LGBTQ adults, and elders of color—are articulated. Two chapters focus specifically on such disparities, as well as the strength and resilience of older women and persons of color. We conclude by turning to the rapidly changing larger context of social, health, and long-term care policies and programs and point to future directions in these areas while recognizing that this macro context may be dramatically altered because of the 2016 presidential election.

To underscore the application of research findings to everyday situations, most chapters integrate discussions of policy and practice implications of the aging process, career opportunities, and some predictions regarding the probable experiences of future cohorts of elders. Bringing life to many of the concepts discussed in these chapters are journals for students to respond individually or in small groups to questions about content; updated tables, figures, and graphs; and features providing summaries, vignettes of case examples, and highlights from current news stories about older people. The text is designed to be completed in an 18-week semester, but readers can proceed at a faster pace and select only the chapters most relevant to their focus of study. Three themes underlie content of each chapter:

- Importance of congruence between elders and their environment (P–E fit)
- Effects of the biological, psychological, and social aspects of aging on resilience, active aging and frailty, all within a life course perspective that takes account of historical, economic, and cultural factors
- Structural contexts and inequities by race, class, gender, immigrant status, sexual orientation, and functional ability

Each chapter begins with bulleted points of the content covered as well as learning objectives. The glossary defines key terms introduced in that chapter, while more resources, especially Internet resources, are added at the end of each chapter.

# New to This Edition

Based on feedback from the countless faculty members who have used the text in various colleges and universities, nationally and internationally, the 10th edition builds on and expands many of the changes made in the previous edition. This edition has been thoroughly updated to encompass a wide range of physiological, psychological, and social issues, drawing upon new research in many domains that influence well-being in old age. It aims to capture the profound changes in the way society views aging and older adults: the view that many people can, to an increasing extent, influence their experience of and likelihood of active aging. On the other hand, this current edition provides critical information about the growing economic disparities among the older population, which will impact even more the experience of growing old soon.

Here are just some of the new topics and research findings discussed or expanded on in the 10th edition:

- Greater recognition of the social determinants of health and resultant social, economic, and health inequities based not only on age but also on gender, race, social class, functional ability, and sexual orientation, which affect life expectancy, quality of life, and opportunities to experience aging in a healthy manner within the United States and globally
- Strengths and resilience of women, LGBTQ adults, and elders of color, including immigrants and refugees, who all belong to groups that have experienced historical disadvantage across the life course and typically increased disparities in old age
- Recent discoveries in the prevention, diagnosis, and treatment of depression and dementia, particularly

Alzheimer's disease, and the emergence of dementia-friendly communities and residential care settings

- Advances in consumer-directed care, integration of medical and behavioral health care, and coordination of care across multiple systems of health care and long-term services and supports resulting from both the Patient Protection and Affordable Care Act and changes in Medicaid waivers to promote home- and community-based care rather than institutional care
- Innovations in housing and aging-friendly communities to support aging in place and in community, along with creative culture change developments in long-term care settings
- Technology to promote active aging and safety in a range of settings by supporting both older adults and their caregivers, along with ethical issues associated with access, privacy, and older adults' self-determination regarding the use of technology, such as home monitoring devices
- Policy and practice supports for unpaid family caregiving and underpaid care by the direct care workforce and cross-generational coalitions of families and direct care workers to move toward a more caring society
- Health promotion strategies at both the individual and community levels, with a focus on exercise, nutrition, social engagement, and chronic disease management
- Culturally competent approaches to understand and respectfully meet the needs of an increasingly diverse older population both within the United States and globally
- Implications of the 2016 presidential and congressional elections for issues facing older adults

## Chapter 1 The Growth of Social Gerontology

Presents person–environment and active aging/resilience perspectives that are the framework for this text. Reviews demographic trends, particularly the increase in the oldest-old and in centenarians and growing racial differences in life expectancy. Discusses the development of the field and research methods used and defines basic concepts.

## Chapter 2 Aging in Other Countries and Across Cultures in the United States

Addresses the demographic characteristics and economic and social implications of global aging, with a focus on Asian countries with the longest life expectancy, and looks at impacts of modernization on attitudes toward elders. Outlines the distinctive challenges faced by older immigrants and refugees in the United States.

## Chapter 3 The Social Consequences of Physical Aging

Introduces the major biological theories of aging and recent discoveries in biological research. Discusses the effects of genetic versus environmental and lifestyle factors on physical aging. Reviews current research on normal alterations in major organ systems and senses, how they influence older adults' functional ability, and environmental modifications to accommodate common changes; summarizes typical modifications in older adults' sleep patterns.

## Chapter 4 Managing Chronic Diseases and Promoting Well-Being in Old Age

Focuses on incidence and risks of the most frequent chronic diseases and causes of death; explains variations in illness, obesity, functional ability, and access to health care by age, gender, race, and social class, and how these affect active aging. Identifies risk factors for osteoporosis and accidents, strategies to prevent falls and driving fatalities, and exemplars and limitations of health promotion innovations.

## Chapter 5 Cognitive Changes With Aging

Reviews research on normal age-associated changes in intelligence, learning, and memory; covers measurement challenges and strategies to improve cognitive function, such as brain games, use of computers, and other cognitive retraining techniques, along with the limitations of these interventions. Discusses wisdom and creativity in old age and how these abilities often improve with aging.

## Chapter 6 Personality and Mental Health in Old Age

Describes theories of personality and emotional expression across the life course, critiques theories of successful aging, and explores concepts of positive aging and resilience. Analyzes common mental disorders—depression, anxiety, paranoia, dementia, and suicide—and barriers to quality behavioral health care in old age. Highlights new research on Alzheimer's disease (AD), its causes and treatment; reviews innovations to support individuals living with AD, including dementia-friendly communities and organizations.

## Chapter 7 Love, Intimacy, and Sexuality in Old Age

Addresses the influence of societal attitudes and provider policies, normal physiological changes, gender identity and sexual orientation, and the effect of chronic diseases on older adults' sexuality and other expressions of intimacy. Emphasizes the vital role of late-life love, affection and intimacy on well-being and identifies implications for providers in assessing and supporting the sexuality of older adults, including older LGBTQ individuals.

## Chapter 8 Social Theories of Aging

Explores the major social theories of aging, from positivist empirical approaches that shaped early research questions and societal views of older adults to more recent phenomenological approaches, such as social constructionism and feminist theory, which capture the highly subjective nature of the aging experience. Thoroughly explains the life course perspective that undergirds the text.

## Chapter 9 Importance of Social Supports for Older Adults

Examines the central role of informal supports on well-being, including multigenerational families, LGBTQ families, older partners, adult children, siblings, and grandparents as primary caregivers of grandchildren. Identifies growing numbers of older adults, especially women and elders of color, who never married or who live alone, along with community interventions to strengthen informal networks to reduce loneliness and social isolation. Discusses pets as social support.

## Chapter 10 Opportunities and Challenges of Informal Caregiving

Analyzes family-centered care and the essential role of family caregivers, especially women, in providing increasingly complex and demanding long-term care; the gains and stresses of such care; and assessments, practice interventions, and policies to support family caregivers, including LGBTQ caregivers and families of color. Emphasizes the often-overlooked role of direct care staff to the care team and the need for improved working conditions. Reviews the types, extent, and causes of elder mistreatment, typically by family members.

## Chapter 11 Living Arrangements and Social Interactions

Using the person–environment framework, reviews where most older adults live (e.g., type of housing and geographic location) and identifies options to create aging-friendly communities and support the near-universal desire to age in community, such as virtual villages, assistive technology, and home- and community-based care. Depicts how organizational culture change is transforming long-term care facilities, including skilled nursing facilities, to be more homelike. Portrays two overlooked populations that are "aging in place": the homeless and prisoners.

## Chapter 12 Enhancing Older Adults' Lives Through Technology

Addresses how technology—whether used by older adults, their caregivers or both—can enhance well-being, lifelong learning, social engagement and active aging in multiple ways. Gerotechnology describes the intersection of technological and gerontological studies; it points to the benefits of smart homes and other technological devices used in the home and in long-term care facilities; but it also raises ethical issues, such as privacy and self-determination.

## Chapter 13 Productive Aging

Provides a broad definition and critique of productive aging as both paid and unpaid work; examines trends in retirement, employment, unemployment, poverty, and hunger; and presents new conceptions of leisure, work, and retirement in the Third Age. These include different types of productive aging, including religion and spirituality, volunteerism, and civic engagement and the intersections of age, race, gender and functional ability on opportunities to contribute to society.

## Chapter 14 Death, Dying, Bereavement, and Widowhood

Explores attitudes toward death and dying; the process of dying and associated grief; the core components of quality end-of-life care, including the vital role of palliative care and hospice; and legal and ethical options related to end-of-life care, including advance care planning, the right to die, and achieving a "good death." Addresses the challenges and resilience of older adults who are widowed and their process of bereavement and grief.

## Chapter 15 The Resilience of Elders of Color

Depicts the economic, health, and social disparities faced by older adults of color—African Americans, Latinos, Asian and Pacific Islanders, and Native Americans/American Indians—across the life course while also portraying their strengths and resilience. Identifies implications for culturally competent practice.

## Chapter 16 The Resilience of Older Women

Recognizes that although older women typically face more economic disparities than older men, they are remarkably resilient; older women generally have strong informal social supports as they face declining income, widowhood or divorce, and chronic illness.

## Chapter 17 Social Policies to Address Social Problems

Provides an overview of major factors that affect the development of social policies and how these features underlie our current age-based policies and contemporary debates on public spending. Reviews the major income security policies and programs—Social Security, Supplemental Security Income, and private pensions—which shape economic well-being in old age, along with the major funder of social services, the Older Americans Act. Summarizes ongoing policy dilemmas.

## Chapter 18 Health and Long-Term Care Policy and Programs

Examines Medicare as the primary funder of acute care; Medicaid as the funder of long-term services and supports, including home- and community-based care; and the Patient Protection and Affordable Care Act, which has funded community-based innovations to improve access and quality of care while reducing health care costs. Concludes with a discussion of the major components of a comprehensive policy approach to long-term services and supports and barriers to achieving it, along with implications of the 2016 election.

# A Note on Terminology

As with most other disciplines, the field of gerontology is constantly evolving, as is recognition of problems of language that makes sweeping generalizations or has negative connotations. The commonly used terms *the elderly*, *the aged*, and *seniors* are frequently associated with negative images of the older population. For this reason, we have used the terms *older adults*, *older persons*, and *elders* throughout this text. The first two terms parallel those of younger person/adult. The term *elder*, used widely among Native Americans for older adults who have earned this status, typically conveys respect and honor. Except where specifically used by publications, such as reports of the U.S. Census Bureau (where Hispanic is the standard term), we have chosen to refer to older adults from Spanish-speaking origins as Latinos and Latinas. This is because a growing number of scholars in this community have suggested that Hispanic has been associated with colonialism and the conquest of Spanish-speaking people in the Americas.

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Instructor's Manual—includes chapter outlines, summaries, classroom exercises and discussion questions.

Test Bank—includes additional questions beyond the REVEL in multiple choice and open-ended—short and essay response—formats.

MyTest—an electronic format of the Test Bank to customize in-class tests or quizzes. Visit: http://www.pearsonhighered.com/mytest.

# About the Authors

## Primary Authors

**Nancy R. Hooyman** holds the Hooyman Professorship of Gerontology and is dean emeritus at the School of Social Work at the University of Washington. Her M.S.W and Ph.D. in sociology and social work are from the University of Michigan. She is nationally recognized for her scholarship in aging and multigenerational policy and practice, gender inequities in family caregiving, and feminist gerontology. In addition to this text, Dr. Hooyman is the co-author of *Aging Matters; Living Through Loss: Interventions Across the Life Span; Taking Care of Aging Family Members*; and *Feminist Perspectives on Family Care: Policies for Gender Justice*, and editor of *Transforming Social Work Education: The First Decade of the Hartford Geriatric Social Work Initiative*. She has published more than 130 articles and chapters and is a frequent national and international presenter on issues related to gerontology, multigenerational perspectives in aging, and older women. She is Co-Principal Investigator of the Council on Social Work Education's National Center for Gerontological Social Work Education, which has advanced gerontological competencies and content in social work curriculum. A Fellow in the Gerontological Society of America, Dr. Hooyman is past-chair of GSA's Social Research, Policy and Practice Section. She received the Significant Lifetime Achievement in Social Work Education Award from the Council on Social Work Education in 2009 and was inducted into the American Academy of Social Work and Social Welfare in 2010.

**H. Asuman Kiyak** was Director of the University of Washington Institute on Aging, professor in the School of Dentistry, and adjunct professor in the Departments of Architecture and Psychology at the University of Washington. She obtained her M.A. and Ph.D. in psychology at Wayne State University. Professor Kiyak was the recipient of major research grants from NIH, CDC, AOA, the state of Washington, and private foundations in the areas of health promotion and health service utilization by older adults, and in person–environment adaptation to Alzheimer's disease by patients and their caregivers. She published more than 130 articles and 35 chapters in these areas and was known nationally and internationally for her research on geriatric dental care and the application of psychological theory to health promotion. In 2000, she received the Distinguished Scientist Award from the International Association for Dental Research and served as president of the Geriatric Oral Research and the Behavioral Sciences and Health Services Research Groups of IADR. Dr. Kiyak was principal investigator of a large clinical trial in geriatric dentistry funded by the National Institute of Dental and Craniofacial Research, and two studies of a community-based health promotion study funded by the CDC. In 2003, she was named Distinguished Professor of Geriatrics at UCLA and received the Teaching Excellence Award from the University of Washington Educational Outreach division. Professor Kiyak was a Fellow in the Gerontological Society of America.

# Contributors

**Kevin Y. Kawamoto** Kevin Y. Kawamoto, a faculty member at the University of Hawaii at Manoa and previously at the University of Washington, received his Ph.D. in Communications and M.S.W. (with a specialization in multigenerational social work) from the University of Washington. A former student of Professor Hooyman, he was co-author of *Aging Matters: An Introduction to Social Gerontology* and has helped to update previous editions of *Social Gerontology: A Multidisciplinary Perspective*. He also co-authored a chapter with the late Professor H. Asuman Kiyak in the third edition of the *Textbook of Geriatric Dentistry*. He has assisted with a number of gerontology-related projects over the years and has particular research interests in aging and technology; aging and mental health; and active aging.

**Barbara Resnick** Barbara Resnick, Ph.D., CRNP, received her MS in Nursing from the University of Maryland and her Ph.D. in Nursing from the University of Maryland. She is a Professor in the Department of Organizational Systems and Adult Health at the University of Maryland School of Nursing, where she holds the Sonya Ziporkin Gershowitz Chair in Gerontology. She co-directs the Adult/Gerontological Nurse Practitioner Program and the Biology and Behavior Across the Lifespan Research Center of Excellence and conducts clinical work at Roland Park Place, a continuing care retirement community in Baltimore. Her research focuses on optimizing function and physical activity among older adults, facilitating healthy behaviors among older adults across all settings of care, exploring the effects of resilience and genetics on functional ability and testing, and disseminating proven interventions. She holds leadership positions in a wide range of associations, most notably as President of the Gerontological Society of America 2017–18.

# Acknowledgments

I am deeply grateful to the many people who have contributed significantly to the successful completion of the 10th edition of *Social Gerontology: A Multidisciplinary Perspective*. As noted on the title page, Dr. Barbara Resnick, University of Maryland, was primary author on revising Chapter 3, The Social Consequences of Physiological Aging, Chapter 4 on Chronic Diseases; and Dr. Kevin Kawamoto, University of Hawaii, assisted with several chapters but was primary author for the new Chapter 12 on Technology.

Warm thanks to Sarah Jen, a University of Washington student completing her Ph.D. in Social Welfare; Christina Miyawaki, a former University of Washington Ph.D. in Social Welfare student and now an Assistant Professor at the Graduate College of Social Work, University of Houston; and Harisa Paco, a University of Washington Master of Social Work student for their assistance with literature and website searches and updating references. Without their willingness to do whatever tasks were necessary, this edition would not have been possible.

We also thank our many colleagues around the United States who have given us valuable and candid feedback on the outline for this text.

My family and good friends have been a mainstay of support throughout the preparation of all editions, often asking "When will it ever be done?" I thank them for their patience and understanding during all the times we could not be together because of deadlines.

Chapter 1

# The Growth of Social Gerontology

## Learning Objectives

**1.1** Distinguish social gerontology as the study of how diverse aging experiences interact with social structures

**1.2** Define precise terminology for the scope and characteristics of aging

**1.3** Expand the active aging framework with respect to resilience and life course

**1.4** Illustrate the person–environment perspective of understanding the quality of older adults' lives

**1.5** Demonstrate how longevity and distribution patterns underlie growth of the older population

**1.6** Break down significant demographic trends as they relate to the older population

**1.7** Evaluate the causes and effects of compression of morbidity

**1.8** Identify research methods, designs, and samples for studying older adults

**1.9** Understand how changing demographics, roles, and characteristics of older adults will impact public policies, intergenerational relations, and the economy

From the perspective of youth and middle age, old age seems a remote and, to some, an undesirable period of life. Throughout history, humans have tried to prolong youth and to delay aging. The attempts to discover a substance to rejuvenate the body and mind have driven explorers to far corners of the globe and inspired alchemists and scientists to search for ways to restore youth and extend life. Indeed, the discovery of Florida by Ponce de León in 1513 was an accident, as he searched for a fountain in Bimini whose waters were rumored to bring back one's youth. Medieval Latin alchemists believed that eating gold could add years to life and spent many years trying to produce a digestible form of gold. In the seventeenth century, a popular belief was that smelling fresh earth each morning could prolong one's youth. The theme of prolonging or restoring youth is evident today in advertisements for skin creams, soaps, vitamins, and certain foods; in the popularity of cosmetic surgery and Botox treatments; in books, movies, and TV shows that feature attractive, youthful-looking older characters; in home- and clinic-based technologies that promise to restore a more youthful appearance; and in antiaging medicine and in medical research that is testing methods to replace depleted hormones in an attempt to rejuvenate aging skin and physical and sexual functioning and even reverse aging. Given the historical and societal focus on youth, many Americans are unprepared for the physical and cognitive signs of aging. A common adage is that no one wants to grow old, but no one wants to die young! But in the past 50 years, with the rapid growth of the older population, there has been increasing attention to issues of aging and older adults, and the multidisciplinary field of social gerontology has grown dramatically, as discussed throughout this chapter.

**This chapter introduces the field of social gerontology, including the following:**

- **Definitions of aging**
- **Definitions of gerontology, social gerontology, and geriatrics**
- **Introduction to the active aging framework and the concepts of resilience and the life course**
- **Description of the person–environment perspective or competence model used throughout this text**
- **Reasons for studying social gerontology**
- **Significant demographic trends affecting the United States**
- **Life expectancy, life span, and longevity in health**
- **Development of the field of gerontology**
- **Research methods, designs, and samples for studying older adults**

# 1.1: The Field of Gerontology

**OBJECTIVE: Distinguish social gerontology as the study of how diverse aging experiences interact with social structures**

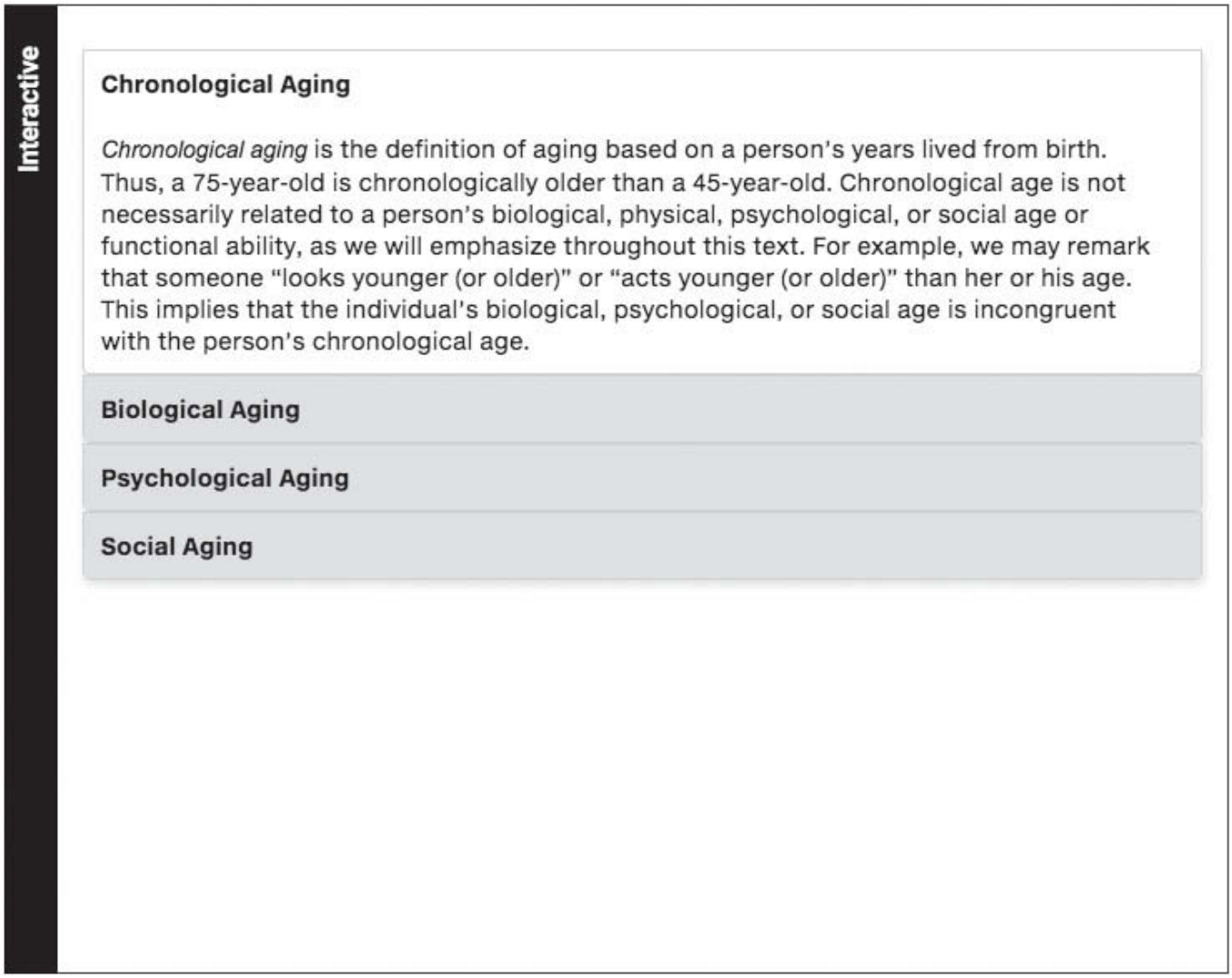
The growing interest in understanding the process of aging has given rise to the multidisciplinary field of *gerontology*, the study of the biological, psychological, and social aspects of aging. Gerontologists include researchers and practitioners in such diverse fields as biology, medicine, nursing, dentistry, social work, physical and occupational therapy, psychology, psychiatry, sociology, economics, political science, leisure studies, architecture, pharmacy, and anthropology. These individuals are concerned with multiple aspects of aging, from studying and describing the cellular processes involved in aging to seeking ways to improve the quality of life for older people and their families. *Geriatrics* focuses on how to prevent or manage the diseases that often occur as people age. As a specialty within the medical sciences that deal with diseases, geriatrics is receiving more attention with the increased number of older people who have chronic health problems and require long-term services and supports. Geriatricians are health professionals who work to prevent and treat diseases that increase in incidence with age. But the number of health professionals trained in geriatrics is currently inadequate to meet growing needs.

Social gerontologists study the impact of these aging processes on both older people and social structures. They also examine effects of social attitudes toward aging on older adults and opportunities available to them. For example, as a society, we have tended to undervalue older people and to assume that many of them are forgetful, unemployable, nonproductive, uninterested in interacting with younger people, and asexual. As a result, they have been limited in their access to opportunities such as jobs in high-tech fields or stigmatized in long-term care facilities if they express their needs for intimacy or sexuality. The research reviewed throughout this text demonstrates that these stereotypes are not true for the vast majority of older adults who continue to participate actively in society. And fortunately, negative attitudes toward older adults are slowly changing.

The purpose of this text is to introduce you to *social gerontology*. This term was first used by Clark Tibbitts in 1954 to describe the area of gerontology that is concerned with the impact of social and sociocultural conditions on the process of aging and its social consequences. This field has grown with the increasing recognition given to how aging differs across cultures, historically underserved or marginalized groups, and societies.

Four Distinct Processes of Aging

Gerontologists view aging in terms of four distinct processes that are examined throughout this text.




Social gerontologists are interested in how the older population and the diversity of aging experiences both affect and are affected by the social structure. As noted earlier, the fact that older people are now the fastest-growing population in the United States has far-reaching social implications for families and communities, health and long-term services and supports, the workplace, retirement practices, long-term care facilities, housing design, and patterns of government and private spending. Already it has led to the growth of specialized services such as assisted living, adult day-health programs and geriatric care managers, and a leisure and travel industry aimed at the older population. Changes in the sociopolitical structure, in turn, affect civic engagement initiatives. For example, the greater availability of secondary and higher education and health promotion programs offers hope that future generations of older people will be better educated, healthier, economically more secure, and more socially engaged than the current cohort over age 75, presuming that the economy continues to grow. Indeed, the baby boomers are redefining aging for the next 20 to 30 years.

## 1.1.1: Why Study Aging?

As you begin this text, you may find it useful to think about your own motivations for learning about older adults and the aging process. You may be in a required course, questioning its relevance, and approaching this text as something you must read to satisfy requirements. Or you may have personal reasons for wishing to learn about aging. You may be concerned about your own age-related changes, wondering whether reduced energy or alterations in physical features are inevitable with age. After all, because middle and old age together encompass

a longer time span than any other stage of our lives, it is important that we understand and prepare for these years. Perhaps you are in a transition phase, looking forward to the freedom made possible by retirement and the "empty nest." Through increased knowledge about the aging process, you may be hoping to make decisions that can enhance your own active aging and well-being. Or perhaps you are assisting aging relatives, friends, and neighbors, wanting to know what can be done to help them maintain their autonomy and their housing options, and how you can improve your own caregiving abilities.

Learning about aging not only gives us insight into our own interpersonal relationships, self-esteem, competence, and meaningful activities as we grow older; it also helps us comprehend the aging process of our parents, grandparents, clients, patients, and friends. It is important to recognize that change and growth take place throughout the life course and that the concerns of older people are not distinct from those of the young, but represent a continuation of earlier life periods. Such understanding can improve our effectiveness in communicating with relatives, friends, or professionals. In addition, such knowledge can help challenge any assumptions or stereotypes we may hold about behavior appropriate to various ages.

Perhaps you wish to work professionally with older people but are unsure how your interests can fit in with the needs of the older population. The exciting and diverse range of career opportunities in both community and institutional settings and growing geriatric workforce needs are discussed throughout this text. If you are already working with older people, you may genuinely enjoy your work, but you may also be concerned about the social, economic, and health problems facing some older adults and thus feel a responsibility to change these negative social conditions. Or you may be aware of the need to change policies and social structures so that all older adults can age in a healthy manner. As a professional or future professional working with older people, you are probably eager to learn more about policy, practice issues, and interventions that can enhance their active aging, resilience, and well-being.

Regardless of your motivations for reading this text, chances are that, like most Americans, you have some misconceptions about older people and the aging process. As products of our youth-oriented society, we all sense the pervasiveness of negative attitudes about aging, although our own personal experiences with older people may counter many ageist stereotypes and myths. By studying aging and older people, you will not only become more aware of the older population's competence and contributions in many areas but also be able to differentiate the normal changes that are associated with the aging process from disease-related modifications. Such an understanding may serve to reduce some of your own fears about aging, as well as positively affect your professional and personal interactions with older people.

Our challenge as educators and authors is to present you with the facts and concepts that will give you an accurate picture of the experience of aging. We also want to convey to you the excitement and importance of learning about the field of social gerontology. We hope that by the time you have completed this text, you will have acquired information that strengthens positive attitudes toward living and working with older people and toward your own experience of aging. First, we describe some career opportunities in this field, whether you want to specialize in work with older adults and their families or you choose a career that includes older adults as patients, service recipients, or customers that can benefit from your expertise. Later, we turn to the demographic changes that are creating the largest population of people age 65 and older in the history of the United States.

## 1.1.2: Careers in Aging

As discussed above, those who work in the field of aging may be geriatricians, gerontological specialists, or gerontologists. Geriatricians are often physicians trained in geriatrics, but there are also geriatric social workers, geriatric nurses, geriatric pharmacists, and people in other allied health professions who have received specialized training to address health and mental health issues of older people and their families. In fact, the membership of the American Geriatrics Society includes a wide range of health care providers who are trained to prevent and manage the multiple health concerns of older adults. Gerontology, which is broader than geriatrics, refers to the psychological, social, and biological phenomena associated with aging, as well as policies and programs that address older adults' wide range of needs.

**Table 1.1** Gerontological Specialists Versus Gerontologists

The classifications of gerontological specialists and gerontologists are based on their degree of training related to aging.

| Gerontological Specialists | Gerontology |
|---|---|
| Gerontological specialists have received training in gerontology through a certificate, continuing education, a minor in college, or postdoctoral training, but their primary training is in another discipline. For example, physical and occupational therapists, social workers, nurses, and physicians may take additional courses, complete an internship or residency in geriatrics, or obtain a certificate as part of their professional training that allows them to specialize in working with older people. A degree in social work with additional training in gerontology, for example, is necessary to become a professional advocate, such as a geriatric care manager. | In contrast, gerontology is the primary training at the bachelor's, master's, or doctoral levels for gerontologists who hold a degree in gerontology. There are far fewer gerontologists than there are gerontological specialists or geriatricians. |

As described in this section, most professionals who work for or with older people today fall into the category of gerontological specialists, without a degree in the field but with some training or specialization in gerontology (Grabinski, 2007; Stepp, 2007).

**GROWING NEED FOR TRAINED PERSONNEL** No matter what your area of interest—health care, mental health, design, technology, law, business, or one of many others—there are numerous and growing opportunities to work with or on behalf of older adults and their families.

- Those who are interested in designing or adapting housing and products for older people would do well to combine their degrees in occupational therapy, architecture, or interior or industrial design with coursework in gerontology.
- Similarly, experts in computer science, industrial or human factors engineering, and information technology who want to develop, test, and improve technology for older users must first understand the normal physiological, social, and psychological processes of aging and how systemic diseases and cognitive impairment can result in the need for technological aids or assistive technology.
- Information specialists, librarians, and experts in lifelong learning and continuing education can also benefit from this knowledge as they work with a growing population of older students and consumers.
- Attorneys who practice elder law or estate planning or who file lawsuits in areas such as elder mistreatment, age or disability discrimination, or advocacy for older clients must understand the normal aging process and the impact of disease and dementia on their clients.
- Even those who decide to obtain a degree in business and work in the fields of accounting, marketing, advertising, banking, or financial planning should obtain some training in gerontology through additional coursework, certificates in aging, or continuing education courses. Such knowledge is vital for helping younger adults plan for their old age and for assisting older persons in managing their finances.
- For those seeking to develop or influence policies affecting older adults, advocacy at the individual or population level requires extensive knowledge of age-associated needs, the aging process, and health, social, and long-term care policies affecting state and local programs for older citizens.
- A degree in public administration, law, or social work, combined with training in gerontology, can prepare individuals to work as advocates for the rights of older persons. As noted by Dr. Marie Bernard, past Director of the National Institute on Aging, "You can do virtually anything. . . . The doors are wide open. There are so many things you can do in this field" (American Geriatrics Society, 2009).

The growing population of older adults and their family caregivers will require more health care providers with the knowledge, values, and skills to manage their needs in community and long-term care settings, especially as older adults live longer with health challenges such as Alzheimer's disease, diabetes, and other chronic conditions. Direct care workers (e.g., nurse aides, home health workers, and personal care aides with skills to work with older adults) provide 70 to 80 percent of the paid hands-on care for older adults. Demand for direct care workers is expected to increase by 49 percent by 2022, making this field one of the fastest-growing occupation areas. Indeed, by 2018, more than 1 million more direct care workers are estimated to be needed. The need for such hands-on caregivers will grow at the same time that women between the ages of 25 and 44—the age group that supplies the typical direct care worker—will increase by only 7 percent (Eldercare Workforce Alliance, 2014). And while the demand for direct care workers will increase, their real wages, adjusted for inflation, have decreased on average, creating a workforce with high turnover and threatening continuity and quality of care (Dawson, 2016).

Geriatricians, geriatric social workers, nurses, psychologists who specialize in geropsychology, and geriatric psychiatrists are expected to be far below the number needed in coming years. Other health professionals trained in gerontology and geriatrics and who focus on prevention and rehabilitation will be needed. These include physician assistants; nutritionists; recreational, physical, occupational, and speech therapists; and audiologists. The Eldercare Workforce Alliance, a national coalition of a wide range of disciplines and providers, aims to address the immediate and future workforce crisis in caring for an aging America (Eldercare Workforce Alliance, 2014).

Did You Know . . .

## …why careers in aging are important?

A recent social media campaign among the national gerontology community captures why careers in aging matter. Here are a few quotes from gerontological practitioners and educators that underscore why they are passionate about working with older adults: "Those who paved the way for me deserve to age with comfort and dignity now." "We will all be seniors. Develop the passion, empathy and compassion to make a difference." And, "It's the future."

**SOURCE:** Gerontological Society of America, 2015.

# 1.2: How Is Aging Defined?

**OBJECTIVE: Define precise terminology for the scope and characteristics of aging**

Contrary to the messages on birthday cards, aging does not start at age 50 or 65. Even though we are less conscious of age-related changes in earlier life stages, we are all aging from the moment of birth. In fact, aging in general refers to changes that take place in the organism throughout the life course—good, bad, and neutral. Younger stages are referred to as development or maturation, because the individual develops and matures, both socially and physically, from birth through adolescence. After age 30, additional changes occur that reflect normal declines in all organ systems. This is called *senescence*. Senescence happens gradually throughout the body, ultimately reducing the viability of different bodily systems and increasing their vulnerability to disease. This is the final stage in the development of an organism (Fries, 2005).

Our place in the social structure also changes throughout our lives. Every society is age-graded; that is, it assigns different roles, expectations, opportunities, status, and constraints to people of different ages. For example, there are common societal expectations about the appropriate age to attend school, begin work, have children, and retire—even though people may deviate from these expectations, and some of these expectations are now changing as people live longer. To call someone a toddler, child, young adult, or old person is to imply a full range of social characteristics. As we age, we pass through a sequence of defined stages, each with its own social norms and characteristics. In sum, age is a social construct with social meanings and implications.

The specific effects of age grading, or age stratification, vary across cultures and historical time periods. Societies in the developing world, for instance, may have very different expectations associated with stages of childhood, adolescence, and old age from mainstream American society. Even within our society, those who are old today have different experiences of aging than previous or future groups of older people; and expectations about when to go to school, shift careers, or start a family are changing dramatically. The term *cohort* is used to describe groups of people who were born at approximately the same time and therefore share many common experiences across the life course. For example, cohorts now in their late 80s experienced the Great Depression, World War II, and the Korean War, which shaped their lives in different ways such as their tendency to be frugal and patriotic. The population age 85 and older includes large numbers of immigrants who came to the United States in the first third of the twentieth century and many who have grown up in rural areas. Their average levels of education are lower than those of later cohorts, such as those growing up during the Vietnam War. Factors such as these distinguish today's oldest-old population from younger cohorts and must be taken into account in any studies of the aging process as well as in policies and practice interventions.

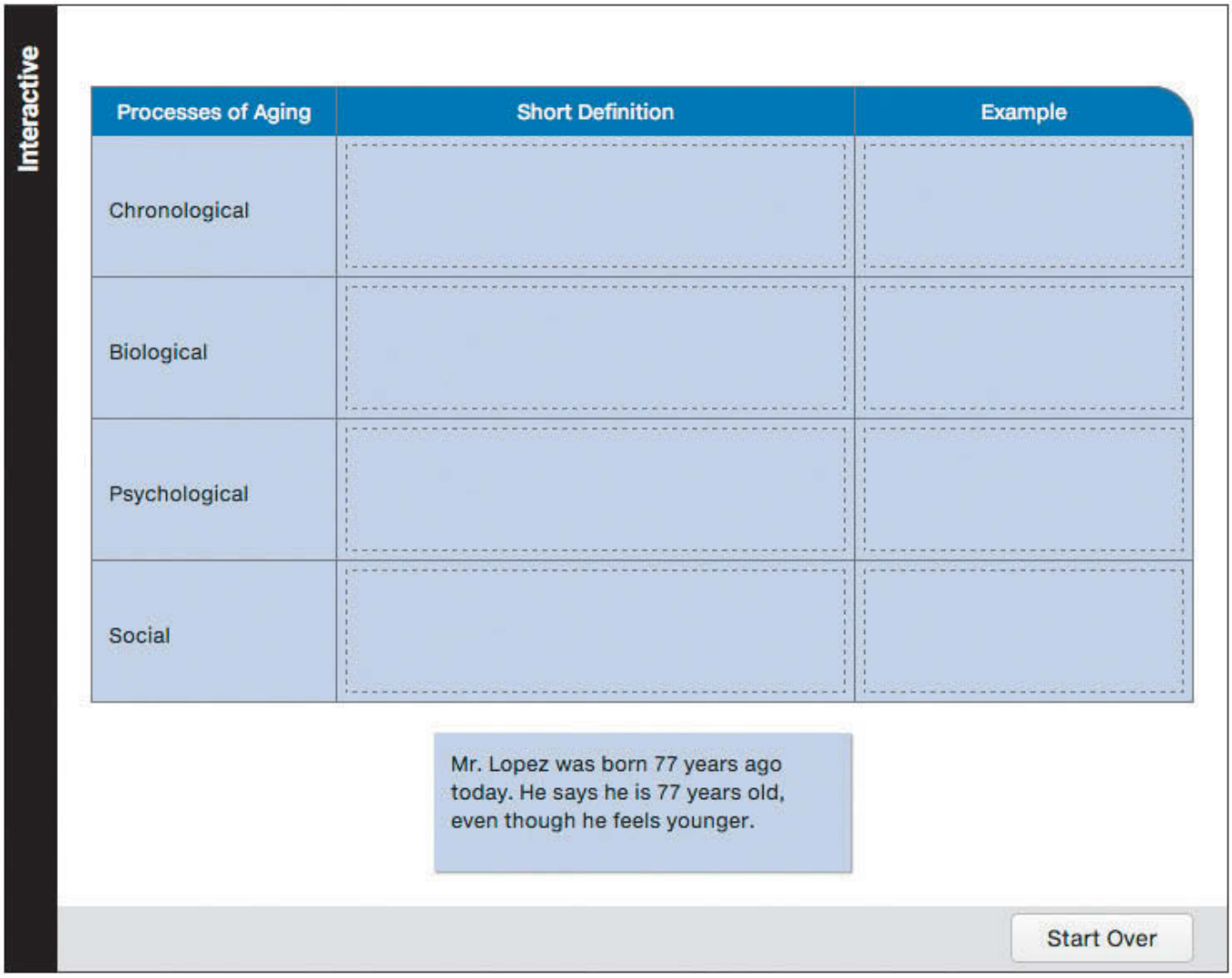
## 1.2.1: Diversity and Terminology

Throughout this text, we refer to the phenomenon of aging and the population of older people. As noted earlier in this chapter, these terms are based to some extent on chronological criteria, but, more importantly, on individual differences in functional age, such as the ability to perform activities of daily living. In fact, each of us may differ in the way we define old age. You may know an 80-year-old who seems youthful and a 50-year-old whom you consider old. Older people also define themselves differently. Some individuals, even in their 80s, do not want to associate with "those old people" who live in retirement communities whereas others readily join age-based organizations or move to a continuing care retirement community and are proud of the years they have lived. There are significant differences among the "young-old" (ages 65–74), the "old-old" (ages 75–84), and the "oldest old" (traditionally defined as ages 85 and over, but increasingly referred to as those 90 and older), terms that were coined by sociologists more than 30 years ago (Riley & Riley, 1986). In addition, intragenerational diversity in terms of gender, race, social class, functional ability, and sexual orientation exists within these divisions.

Older people vary greatly in their health status, productive activities, and family and social situations. Growing numbers are employed full- or part-time; most are retired. Most are relatively healthy; some are frail, confused, or homebound. Most still live in a house or apartment and may be active in age-friendly communities; a small percentage is in skilled nursing homes, and growing numbers are in assisted living facilities and adult family homes. Some receive comfortable incomes from pensions and investments, although these have declined since the worldwide economic downturn that started before 2008 and has had serious repercussions. Many elders depend primarily on Social Security and have little discretionary income. Most men over age 65 are married, whereas women are more likely to be widowed or never-married and to live alone as they age. For all these reasons, we cannot consider the social aspects of aging without also assessing the impact of individual variables such as physiological changes, health and functional status, psychological well-being, social class, gender, sexual orientation, and race/ethnicity. Recognizing this, many discussions in *Social Gerontology* focus on how these multiple factors intersect and influence elders'

Processes of Aging: Identify Them

Think about and identify the different processes of aging discussed at the beginning of this chapter.




functioning, as well the more positive concepts of active aging, resilience, hardiness, and productivity.

Although the terms *elders*, *elderly*, and *older persons* are often used to mean those over 65 years in chronological age, this text, as you are learning, is based on the principle that aging is a complex process that involves many different biological, psychological, and social factors and is unique to each individual. Rather than chronological age, the more important distinction is functional ability—that is, the ability to perform activities of daily living that require cognitive and physical well-being.

Throughout the text, the authors deliberately use the terms *older adults*, *older people*, *elders*, or *people as they age*. The reasons for this choice of more neutral terminology are:

1. There is no comparable term for *the elderly* among younger populations, while *older adults* or *older people* are similar to the concept of *young people*.
2. Growing numbers of older adults do not like the terms *our seniors*, *the elderly*, or *golden years*.
3. The word *elder* connotes respect in many cultures, particularly Asian and Native American cultures (Jaffe, 2014; Kaiser, 2006; Lesnoff-Caravaglia, 2002; Levy, 2001.)

## WRITING PROMPT

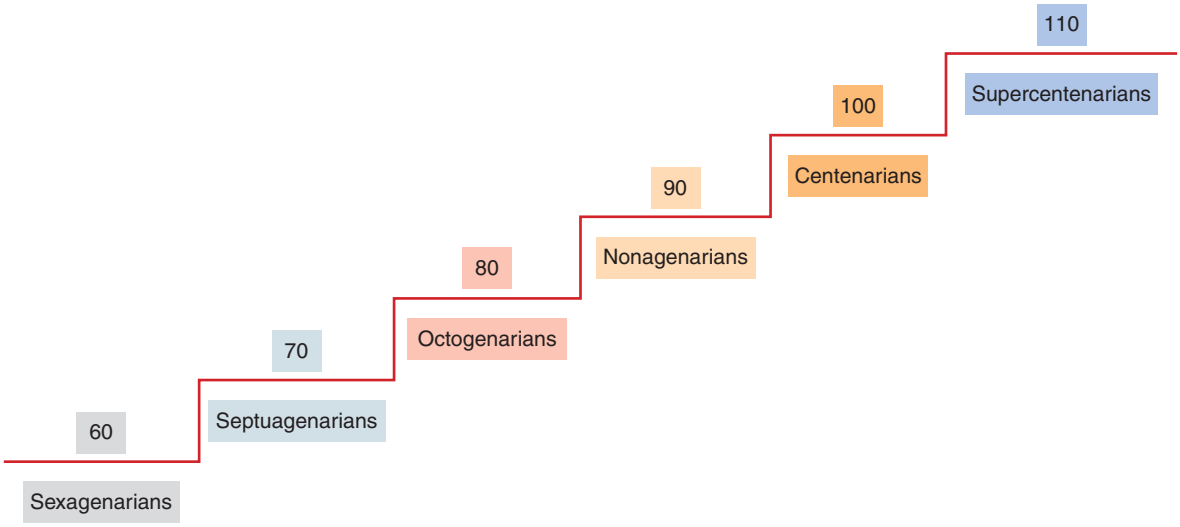
**Terms for Older Adults**

Consider some common terms used to describe older adults, such as *elderly*, *old folks*, and *elders*. What images of aging and older people do these terms convey? Why do these terms and images matter? How do these terms and images make a difference to our preconceptions and understanding of older adults and our interest in working with them?

The response entered here will appear in the performance dashboard and can be viewed by your instructor.

Submit

**Figure 1.1** Shorthand for Referring to Groups of Elders.




## 1.2.2: How Do We Label Older Adults by Age Category?

We sometimes use a shorthand to refer to groups of elders in a particular age category, as Figure 1.1 shows.

### Read It in Context

#### What Can a Motivated Nonagenarian Do?

On Sunday, May 31, 2015, Harriette Thompson became the oldest person to complete a marathon when she crossed the finish line at the Rock 'n Roll Marathon in San Diego. The 92-year-old cancer survivor and former concert pianist was widowed this year when her husband of 62 years died. Recently, one of her sons was diagnosed with cancer, which made this year's marathon even more significant to Ms. Thompson, as she used the event to help raise money for the Leukemia and Lymphoma Society. She said that her piano training helped her with the discipline needed to run the marathon. Although she suffered some health setbacks during her training this year, she told herself that she's run the marathon before, so she could do it again. She has raised about $100,000 since she began running marathons, which she first started doing when she was in her mid-70s. She was interviewed by a TV station the day after the San Diego marathon and said she felt well. She completed the 26.2-mile race in 7 hours, 24 minutes, and 36 seconds—breaking a time record for her age category and making her the fastest female nonagenarian in the United States to complete a marathon (McLaughlin, 2015).

## 1.2.3: What Is Ageism?

Underlying fears and denial of aging arise from misconceptions about what happens to our bodies, our minds, our status in society, and our social networks as we reach our 70s, 80s, and beyond. Fear and denial occur, in part, from negative attitudes toward older people within mainstream Western culture. These attitudes are sometimes identified as manifestations of *ageism*, a term that was coined by Robert Butler (the first Director of the National Institute on Aging) to describe stereotypes about old age (Butler, 1969). He noted that these negative attitudes are rooted in our fears of disease, disability, and death, which are associated with being old. As is true for sexism, racism, and heterosexism, ageism attributes certain traits to all members of a group solely because of a characteristic they share—in this case, their age. In fact, ageism is one prejudice that we are all likely to encounter if we live long enough, regardless of our gender, race, ethnicity, social class, functional ability, or sexual orientation. Ageism can be internalized within people because of their socialization regarding age, or institutionalized through organizational policies and practices. Individual internalized ageism often underlies older adults' denial of aging or resistance to going to a senior center with "those old people." Indeed, ageism appears to negatively affect older adults' health, how well they recover from disability, and memory performance (Adler, 2013).

A frequent result of ageism is discriminatory behavior and institutional policies and practices against older persons. At a time when conditions in the workplace have generally improved for women, LGBTQ individuals, persons with disabilities, and people of color, prejudice against older workers remains an acceptable and pervasive "ism."

(DePillis, 2016). Older workers may be encouraged to retire early because of stereotypes about abilities and productivity or fears about their health care costs. And when they try to reenter the workforce, older adults often encounter ageist attitudes, such as beliefs that a baby boomer would not want to be supervised by a younger adult or could not handle the pressure of the job. Advocates argue that employers should consider each worker's skills and experience—not age—when organizational restructuring requires layoffs.

Although attitudes toward older adults have improved in the past 50 years, partially because of expanded education about the aging process and the advocacy of boomers, pockets of negative attitudes persist. And now there is a "new ageism" that resents elders for their perceived economic progress and tax burden and views their growth as the "silver tsunami"— which, pejoratively, might be associated with an unexpected disaster that threatens to drain available resources (Applewhite, 2015, 2016; Holstein, 2015; Jaffe, 2014). As signs of this new ageism, a 2013 study identified prescriptive stereotypes regarding shared resources held by younger adults. These included, "Move aside, it's my turn," and "Don't spend our limited health care dollars on old people." Moreover, older adults who violated prescriptions, such as staying on the job too long, were viewed as being incapable and less warm (North & Fiske, 2013a, 2013b).

## Facts and Figures

### The Persistence of Aging Stereotypes

A 2015 report on public attitudes toward aging called *Gauging Aging* found a disconnect between pessimistic public opinion and hopeful perspectives put forward by those who are gerontological experts, researchers, and advocates. Public perceptions encompass fears of decline and deterioration; misunderstandings of aging as a personal or familial problem rather than a societal one; and views of aging as an undesirable process that happens to other people, not oneself. In contrast, gerontological practitioners, researchers, and educators hold that increased life expectancy has opened a world of possibilities for the many personal, social, and economic contributions older adults may make. These discrepant attitudes highlight the need for the public to have more accurate views of aging to pave the way for development of meaningful programs and policies. But even with accurate information, many people will undoubtedly continue to hold ageist attitudes (Lindland, Fond, Haydon & Kendall-Taylor, 2015). Recognizing this, AARP has initiated a "Disrupt Aging" campaign that takes aim at common stereotypes and features ads of older adults defying ageist assumptions. Others maintain that promoting positive collaborations across age groups will do more to combat ageism than educating people about it.

### 1.2.4: Confronting Perceptions and Real Issues

With the rapid growth in the number and diversity of older persons, societal myths and stereotypes are increasingly being challenged. Despite the persistence of ageism, the public is becoming more aware of older citizens' strengths, contributions to society, and potential for civic engagement, along with other positive aspects of aging. Accordingly, older people's status and the way they are viewed by other segments of the population are beginning to change. Contemporary advertising, for example, reflects the shifting status of older people from a group that is viewed as weak, ill, and poor to one perceived as politically and economically powerful and therefore a growing consumer market. Indeed, aging is becoming "big business."

## 1.3: An Active Aging Framework

**OBJECTIVE: Expand the active aging framework with respect to resilience and life course**

The concept of *active aging* is a widely accepted perspective in gerontology. The World Health Organization defined it as "the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age" (WHO, 2002, p. 12). This concept focuses on ways to improve quality of life for all older people, including those who are frail, are disabled, or require assistance with daily activities. Active aging is consistent with the growing emphasis on autonomy and choice in aging, regardless of physical and mental decline, and benefits both the individual and society. Such a definition shifts our thinking about old age from a time of passivity to one of continued participation in the family, community, workplace, and religious and political life. It serves as a useful framework for this text, since we present a growing number of studies that support the importance of active aging for physical, psychological, and social well-being in the later years.

The active-aging perspective implies that aging is a lifelong process, consistent with the *life-course* approach underlying this text. As a result, it is understood that people's lifestyles, socioeconomic status, health care, and educational and social activities in their childhood, youth, and middle years determine their well-being in their later years. This is also a central assumption of other models of active aging, including the concepts of successful, positive, robust, conscious, and productive aging. Accordingly, the determinants of active aging, as shown