AGING MATTERS

An Introduction to Social Gerontology

Nancy R. Hooyman • Kevin Y. Kawamoto • K. Asuman Kiyak

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In dedication to students, faculty, practitioners and older adults committed to enhancing how we age across the life course—with special acknowledgment of our colleague and coauthor, Dr. Asuman Kiyak, who died before the completion of the book

—NRH, KK

With hope that my grandson Gus will inherit a world that supports active aging

—NRH

And to family and friends of all ages whose wisdom and love have enriched the world we all share.

—KK

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Contents

Preface xv

An Introduction to Social Gerontology 1

Why Study Gerontology? 2
- A Life Course and Strengths Perspective 3
- A Multidisciplinary Perspective 4

Key Terms 4
- How Do We Define Age? 5

How Do We Study Older Adults? 6

Research Methods 6

Summary 9 • Key Terms 9 • Review Questions 9

1 The Older Population in the United States 10

Changing Demographics of the U.S. Population 11
- Changes in Life Expectancy 12
- Gender Differences in Life Expectancy 14
- Racial Differences in Life Expectancy 14

Maximum Life Span 16
- Population Pyramids 17

Support and Dependency Ratios 19

The Rapid Growth of the Old-Old and Oldest-Old 19
- Who Are the Oldest-Old? 20
- Centenarians and Super-Centenarians 21
  - The Role of Genes 22
  - The Role of the Environment 23

Increasing Diversity among the Older Population 23
- Elders of Color 24
- Lesbian, Gay, Bisexual and Transgender (LGBT) Elders 25
- Geographic Distribution 25
- Geographic Distribution among Elders of Color 27
- Educational and Economic Status 28

Longevity in Health or Disease? What Does the Future Hold? 29

Summary 30 • Key Terms 31 • Review Questions 31
Media Resources 31 • References 31

2 Global Aging and Older Immigrants in the United States 34

Global Trends in Aging 35
- Global Aging, Median Age, and Population Pyramids 37
- What It Means To Be Old around the World 40
  - Baby Boomers in Japan 42

Economic Implications for Industrialized Countries 43

Older Europeans in the Workforce 43

Older Adults in Traditional Societies and the Impact of Modernization 45
- Modernization Theory 47
- Modernization and Elders' Declining Social Status 47
- Impact of Modernization on Respect and Care toward Elders in Asian Cultures 49

Immigrants to the United States 51
- Immigrant Elders' Changing Roles and Expectations 52
- Financial Dilemmas Facing Immigrant Elders 53
- Immigrant Elders in Multigenerational Households 53
- Additional Challenges Faced by Older Refugees 55

Summary 56 • Key Terms 56 • Review Questions 57
Media Resources 57 • References 57

3

Physical Well-Being: Physiological Changes and Health 60

Biological Theories of Aging 61
- Can Aging Be Reversed or Delayed? 62

"Normal" Physiological Changes with Age 63
- Changes in Body Composition 63
- Changes in the Skin and Hair 64
- Organ Systems 64
  - Musculoskeletal and Kinesthetic Systems 64
  - Respiratory System 65
  - Cardiovascular Changes 65
  - Urinary System 66
  - Gastrointestinal System 66
  - Endocrine System 67
  - Immune System 67
  - Nervous System 67
- Physiological Changes and Sexuality 68
  - Women and Age-Related Physiological Changes 68
  - Men and Age-Related Physiological Changes 68
- Sleep Patterns 69
- Sensory Functions 69
  - Vision 70
  - Hearing 71
  - Taste and Smell 73
  - Touch 73

Defining Health and Functional Ability 73
- Are Disability Rates Declining? 75
- Chronic and Acute Diseases 75
- Health Disparities 76
- Primary Causes of Death in Old Age 76

Common Chronic Diseases 78
- Heart Disease and the Cardiovascular System 78
- Strokes and Other Cerebrovascular Problems 79
- Cancer 79
- Arthritis 80
- Osteoporosis or "Weak Bones" 81
- Chronic Obstructive Pulmonary Disease or Respiratory Problems 82
- Diabetes 82
- Problems with the Kidneys and Urinary Tract 83
- Problems with the Intestinal System 83
- Oral Diseases 84
- HIV (Human Immunodeficiency Virus) or AIDS (Acquired Immune Deficiency Syndrome) 84

Accidents 85
- Older Drivers 85
- Falls and Their Prevention 86

Use of Physician Services 87
- Hospital Utilization 87
- Medication Use 87

Health Promotion 88
- Exercise as Central to Health Promotion 89
- Nutrition 90
- Programs That Work 90
- Improving the Impact of Health Promotion Programs 91

Summary 92 • Key Terms 93 • Review Questions 94 Media Resources 94 • References 94

4

Mental and Emotional Well-Being 100

Aging and Cognitive Function 101
- Intelligence and Aging 102
- What Else Besides Age Affects Intelligence? 102
- How Aging Affects Learning and Memory 103
- Executive Function in Older Adults 105
  - Factors That Affect Learning in Old Age 106
  - Strategies to Promote Older Adults' Learning 106
  - Age-Related Changes in Memory 106
- Improving Cognitive Abilities 108
  - Memory Mediators 108
  - External Cognitive Aids 109
  - Physical Exercise 109
  - Do Chemical Aids Improve Memory? 109
- Wisdom and Creativity 110

Personality in the Later Years 111
- Stage Theories of Personality 111
  - Erikson's Psychosocial Model of Personality 111
- Trait Theories of Personality 112
- Emotional Expression and Regulation 112

Self-Concept and Self-Esteem 113
Successful, Robust, Resilient, or Positive Aging 114

Mental Disorders among Older Persons 115
Depression 116
Risk Factors for Depression 116
Diagnosing Depression 116
Therapeutic Interventions 117
Suicide 118
Anxiety 118
Paranoia and Schizophrenia 119
Older Adults Who Are Chronically or Severely Mentally Ill 119
Dementia 120
Reversible and Irreversible Causes of Dementia 121
Alzheimer's Disease (AD) 121
Differentiating AD from Normal Age-Related Memory Changes 121
Potential Causes of and Risk Factors for Alzheimer's Disease 121
The Importance of a Thorough Diagnosis 122
Stages of Alzheimer's Disease 123
Drug Therapy 124
Behavioral Treatment and Environmental Interventions 124
Parkinson's Disease 125
Substance Use 125
Alcoholism 125
Drug Abuse 127

Summary 128 • Key Terms 129 • Review Questions 130 Media Resources 130 • References 131

5

Social Theories of Aging 138

The Importance of Social Theories of Aging 139

Social Gerontological Theory before 1961: Role and Activity 141
Role Theory 141
Activity Theory 144

The Next Stage of Theory Development: Disengagement and Continuity Theory 145
Disengagement Theory 145
Continuity Theory 146

Newer Social Theoretical Perspectives 147
Age Stratification Theory 147
Social Exchange Theory 149
Life-Course Perspective 150
Political Economy Theory of Aging 151
Social Constructionism 152

Recent Developments in Social Gerontological Theory 153
Social Phenomenology 153
Feminist Gerontology 155

Summary 157 • Key Terms 157 • Review Questions 157 Media Resources 158 • References 158

6

Family, Friends, and Other Informal Supports 160

We All Need Informal Social Support 161
The Benefits of Social Supports 161
Do Social Supports Change as We Age? 162
What Factors Affect Our Social Relationships? 164

The Centrality of Family Supports 164
Families Are Changing 165
The Growth of the Multigenerational Family 166

Older Partners as Social Support 168
Older Adults and Marriage 168
Marital Satisfaction 170
Divorce in Old Age 170
Remarriage and Other Late-Life Romantic Relationships 170
Dating in Old Age 171
Never-Married Older People 171
Childless Older Adults 171
Lesbian, Gay, Bisexual, and Transgender (LGBT) Partners 172
What We Now Know about Older LGBT Families 173
Effects of Race, Class, and Cohort with Sexual Identity 174
Barriers to Supports for LGBT Elders 175
Working with LGBT Elders 176

Sexuality, Intimacy, and Emotional Support 176
What We Know about Older Adults and Sexuality 177
Other Types of Family Supports 178
Relationships with Adult Children 178
Sibling Relationships 179
Grandparenthood and Great-Grandparenthood 179
Friends and Neighbors as Social Supports 182
Programs to Strengthen or Build Neighborhood and Community Supports 183
Intergenerational Programs 184
The Unconditional Love of Pets 185
Summary 186 • Key Terms 187 • Review Questions 187 Media Resources 188 • References 188

7
Informal and Family Caregiving 193
What is Informal Caregiving? 194
What Kind of Informal Care Do Some Older Adults Need? 194
Who Are Informal Caregivers? 196
Losses and Gains of Informal Care 197
Costs of Informal Caregiving 197
Benefits of Informal Caregiving 199
Adult Children as Caregivers 200
The Gendered Nature of Caregiving 200
Women in the Middle 201
Spouses/Partners as Caregivers 202
Family Caregivers of Color 202
Friends as Caregivers 204
Caregiving for Persons with Dementia 204
Grandparents as Primary Caregivers 204
Legal Issues Related to Grandparent Caregiving 206
Legislation and Policies to Support Family Caregivers 207
Services and Support for Caregivers 208
Why Don't Caregivers Use Services? 209
Effective Evidence-Based Interventions 209
Psychoeducational Groups, Skills Training, and Treatments 210
Support Groups 210
Modifying the Home Environment 210
Respite Care 210
Electronic Supports 211
Future Service Directions 211
When Caregiving Becomes Too Much 212
Placement in Long-Term Care Facilities 213
Elder Mistreatment 213
Financial Abuse and Exploitation 215
Reporting and Other Legal Requirements 215
Underpaid Caregivers: Direct Care Workers 217
Economic and Health Disparities Faced by Direct Care Workers 218
Future Demand 219
Summary 220 • Key Terms 221 • Review Questions 221 Media Resources 221 • References 222

8
Productive Aging: Leisure, Spirituality, and Civic Engagement 226
Defining Productive Aging 227
Leisure 228
Religious Participation, Religiosity, and Spirituality 229
Defining Religion, Religiosity, and Spirituality 229
Religious Affiliation: Age, Gender, and Race 230
Religiosity 232
Benefits of Religious Participation and Religiosity for Older Adults 232
Other Factors to Consider regarding Religion and Health 233
Spiritual Well-Being 233
Implications for Health Care Providers 235
Stages of Spiritual Growth 235
Civic Engagement 236
Civic Engagement: Toward What End? 237
Membership in Voluntary Associations 237
Patterns of Membership 237
Senior Centers: Are They Prepared for Changing Demographics? 238

Volunteering 240
Benefits of Volunteerism 242
Race, Social Class, and Volunteering 243
Lifelong Learning Programs 244
Political Participation 245
Do Older Adults Become More Politically Conservative with Age? 245
Voting Behavior 246
Are Older Adults a Powerful Political Constituency? 247
AARP—The Largest Membership Organization in the Country 248
Looking toward the Future of Productive Aging 250
Summary 250 • Key Terms 251 • Review Questions 251 Media Resources 252 • References 252

9
Loss and Grief in Old Age 256

Loss and Grief within the Context of Aging 257
The Nature of Grief 259
Typical Losses Faced by Older Adults 259
Relocation 260
Retirement 261
Caring for a Relative with Chronic Illness or Disability 262
Caring for Adult Children with Chronic Illness or Disabilities 263
Living with Chronic Illness or Disability 265

Death of Loved Ones 265
Death of a Partner 265
Death of Siblings 268
Death of Friends 269

Approaching One's Own Death and the Dying Process 269
The Dying Process 271
Desire for a Good Death 272
End-of-Life Care: Palliative Care and Hospice 272
Culturally Appropriate End-of-Life Care 273
The Right to Die 275
Hastened Death and Physician Aid-in-Dying 275
Patients' Legal Options regarding Their End-of-Life Care 277
Summary 278 • Key Terms 279 • Review Questions 279 Media Resources 279 • References 280

10
Economic Well-Being: Retirement, Employment, and Poverty 283

Retirement 284
Baby Boomers and Changing Expectations of Retirement 285
The Timing of Retirement 287

Employment 289
Unemployment 289
Barriers to Employment 291

Economic Status 292
What Are the Major Sources of Income for Older Adults? 293
Social Security 293
Assets 295
Pensions Other Than Social Security 295
Earnings 296
Public Assistance 297
Social Class and Poverty in Old Age 297
Are Older Adults Poorer Than Other Age Groups? 298
Limitations of Official Poverty Statistics 299
Poverty Variations by Race, Gender, and Sexual Orientation 300
Hunger Is Increasing among Older Americans 301

Changing Conceptions of Work and Retirement 302
Summary 304 • Key Terms 305 • Review Questions 305 Media Resources 306 • References 306

11
Community Well-Being: Living Arrangements and Social Interactions 309

The Aging Experience in Rural, Urban, and Suburban Areas 310
How and Where Elders Live Affects Their Well-being 310
Relocation 312

Housing Patterns of Older People 314
Independent Housing 314
Aging in Place 316
Age-Friendly/Livable Communities 316
Flexible Housing and Universal Design 317
Additional Innovations for Aging in Place 318
Planned "Retirement" Housing 320
Continuing Care Retirement Communities 321
Assisted Living 322
Private Homes That Offer Long-Term Supports 323
Skilled Nursing Facilities (SNFs) 324
Culture Change in Long-Term Care 325

Social and Health Services to Promote Aging in Place 327
Home Care 328
Adult Day Care and Adult Day Health Care 328

Housing Policy and Growing Housing Needs 329
Homelessness: Aging in Place on the Streets 329
Aging in Place among Older Prisoners 331

Summary 331 • Key Terms 333 • Review Questions 333 Media Resources 333 • References 334

12

Enhancing Older Adults' Well-Being through Technology 336

Information and Communication Technologies 337
Intergenerational Communication 339
Lifelong Learning 340
News and Information 341

Managing Health Online 342
Health Information on the Internet 342
Health Plans Online 344
Telehealth 345
Health Consultation Online 346

Technology in the Workplace 346

Technologies to Help Aging in Place 347
Universal Design and Smart Homes 347

Can Computer Games Promote Elders' Well-Being? 352
Computer Games and Physical Exercise 353

Summary 354 • Key Terms 354 • Review Questions 354 Media Resources 355 • References 355

13

Policies to Promote Older Adults' Well-Being 357

Understanding Policies, Programs, and Regulations 358
Separating Fact from Fiction about Age-Based Policies 359
Criteria by Which Policies Vary 359
Factors That Influence the Development of Public Policies 360
Values Affecting Social Policy 360
Intergenerational Inequity versus Interdependence 361

Historical, Economic, and Political Context 362
The First Policies to Benefit Older Americans 1930s–1950s 362
Expansion of Age-Based Programs in the 1960s and 1970s: "Compassionate Stereotypes" about Older Adults 363
Cost Efficiency and Program Reductions in the 1980s and 1990s 363
Since 2000: Market and Personal Responsibility and Reduced Government Spending 364

Social Security: An Income Security Program 364
The Goals of Social Security 365
The Cross-Generational Nature of Social Security 365

The Future of Social Security 366
Proposed Changes to Social Security 367
Proposals to Reduce Gender Inequities in Social Security 368

Social Services through the Older Americans Act 369

Medicare and Medicaid 372
Medicare 372
Medicare-Funded Home Health Care 375
Medicare Reform and Prescription Drug Coverage 376
The Future of Medicare 377
Medicaid 378
Medicaid-Funded Skilled Nursing Home Care 379
Medicaid-Funded Home Health Care 380

Directions in Long-Term Services and Supports 382
Long-Term Care Insurance 382
Policies to Promote Innovative Health and Long-Term Care Services 383
Benefits of Health Care Reform for Older Adults 384

Summary 386 • Key Terms 387 • Review Questions 387 Media Resources 388 • References 388

14

Careers in Aging 391

Why Consider a Career in Aging? 392

The Wide Range of Jobs in Aging 396

Preparing for a Career in Aging 397
Academic Programs in Aging 398
Workforce Initiatives in Medicine, Nursing, and Social Work 399
Interdisciplinary Teams 399
Internships and Other Training Opportunities 400
Journaling as a Self-Discovery Tool 401

A Multidisciplinary, Multigenerational Outlook 401

Summary 405 • Key Terms 405 • Review Questions 405 Media Resources 406 • References 406

Glossary 407
Credits 417
Index 421

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Preface

Why This Introductory Text for Undergraduates?

Since 1987, Nancy R. Hooyman and H. Asuman Kiyak's textbook *Social Gerontology: A Multidisciplinary Perspective* has impacted thousands of students' learning about aging. It is always rewarding to hear from students and faculty in different colleges and universities nationally and internationally about how the textbook changed their knowledge and attitudes toward older adults, fostered the personal rewards that come from gaining insight into older people's lives, influenced career choices, or provided a comprehensive resource for future reference. It is deeply gratifying to have created a text that both undergraduate and graduate students find helpful and even inspiring, both personally and professionally. Indeed, it was that type of feedback that encouraged and motivated Drs. Hooyman and Kiyak to complete nine editions of *Social Gerontology: A Multidisciplinary Perspective*.

Along with the positive feedback, we would often hear comments such as "I would love to use your text but it is too dense, heavy, or long for my undergraduate class," "I wish you had a user-friendly undergraduate version of your text," or "When are you going to do an undergraduate version of your text?" Even though we knew that *Social Gerontology* was used by some instructors for upper-division courses, we consistently received feedback that it is not always appropriate for lower-division or community college courses. This book, *Aging Matters: An Introduction to Social Gerontology*, specifically responds to this criticism by attempting to meet the need for a user-friendly, readable, and evidence-based undergraduate social gerontology text. It also reflects our knowledge from teaching undergraduates—as well as research on changing attitudes toward aging—that exposing undergraduates, especially those in their early twenties, with content on aging and experiences with elders, can promote their positive attitudes, beliefs, and values about older adults. It may even influence them to consider a career working with older adults and their families.

Largely because of the visibility and influence of aging baby boomers, the issues of aging are increasingly attracting the attention of the media, politicians, businesses and industry, and the general public. Accordingly, a growing number of colleges and universities now offer coursework in gerontology. The goal of many of these courses is to prepare students to understand the process of aging and the diversity among older people, and to be able to work effectively with older adults and their families. These courses also attempt to enhance students' personal understanding of their own and others' aging. Frequently, students take such a course simply to meet a requirement, but they quickly learn how relevant the aging process is to their own or family members' lives.

We recognize that only a small proportion of students who read *Aging Matters* may pursue a specialized career in aging. But all of them are living in an increasingly older and more diverse society. Indeed, no matter what career path or work setting they choose, they will be interacting with older adults—even if they say that they don't ever want to "work with those older people." As citizens of our aging society and world, they need to see the connection between learning about the aging process and understanding their own behavior, the behavior of their parents, grandparents, neighbors, and work colleagues, and eventually the behavior of their clients, consumers, or patients across all work settings and fields.

Despite the increased visibility of more positive images of older adults, we live in an ageist society and many of us have internalized ageism. Undergraduates are not immune to holding negative views, myths and stereotypes about aging, and these need to be countered with factual information. Many undergraduates have not had positive opportunities to interact with older adults, particularly if their grandparents or great-grandparents were at a geographic distance when they were growing up. Given this likely context, we try to provide a balanced approach of both the gains and losses that often accompany the aging process. It is important for undergraduates to know that there are growing numbers of healthy active older adults and that a relatively small proportion of our society's elders is homebound or in skilled nursing homes. For example, we frequently remind the reader that we are all aging and that people can, to some extent, influence their own experience of

aging. Our lifestyles during young adulthood can affect our health, cognitive and emotional well-being, and social lives in later years. We refer to recent research that demonstrates the role of individual choices and behaviors in whether we age in a healthy, active manner, or with multiple chronic diseases and without supportive social networks. But we also point to the necessity of policies, programs and communities to support aging in a healthy manner.

To help counter negative stereotypes, we emphasize that the majority of older adults continue to live in and be an integral part of their communities and contribute substantially to our cultural, family, and work lives. Recent research findings are presented on extending both years and quality of life by preventing or managing chronic diseases, enhancing active aging, and maintaining productivity (i.e., contributing to society in a wide range of ways) through both paid and unpaid activities. Examples of older adults' vital roles as family members as well as their civic engagement and volunteer activities, including cross-generational alliances related to solving social problems, are included.

But we also remind the reader that not all groups in our society, particularly those that are historically disadvantaged, low-income, or with limited education, have opportunities to experience healthy or active aging; instead, they face societal and economic barriers to productivity and civic engagement, to health promotion initiatives, even to having adequate food on the table. Therefore, we do not gloss over the very real problems of poor health, chronic illness, poverty, hunger, or inadequate housing that face many older adults—especially women, elders of color, immigrants, the oldest-old, and those living alone—and the social and health inequities and social structures that create such problems. *Aging Matters* includes numerous examples of how the economic and social well-being of older adults has been negatively affected by the worldwide recession while social and health services to support elders' well-being are cut nationwide and basic policies such as Medicare and Social Security are threatened. Growing numbers of older people must continue to be employed, or return to work, because of lost retirement income, the high cost of health care, unexpected rises in their housing costs, or even home foreclosures. Quite simply, students learn that aging matters as a social justice issue as well as a demographic challenge and that fundamental policy-level changes are needed to ensure well-being in old age.

Aims and Focus

Aging Matters is intended to be useful to a wide range of disciplines, including nursing, social work, sociology, psychology, health education, architecture, psychology, human services, and the allied health professions. Accordingly, we present the study of social gerontology from a multidisciplinary perspective. We illuminate the diversities of the aging experience related to the cultural, biological, physiological, emotional, cognitive, economic, and social aspects of aging so that students readily see how all these multiple facets interact to influence our social functioning and physical and mental well-being. We hope to convey that aging is a fascinating process (and subject to study), because these changes occur differently in each one of us. It is important for students to understand how changes within the aging individual, such as sensory modifications or issues of loss and grief, affect elders' daily interactions with social and physical environments. Through research evidence, case studies, personal illustrations, and timely excerpts from the media, we illustrate how dramatic increases in the numbers and proportion of older people in our population and worldwide have numerous implications for families, the neighborhood, and communities; the workplace; housing; health and social services; political processes; educational and recreational services; religious institutions; volunteerism; and the use of technology—and that these changes occur across multiple generations and the life course. Similarly, we emphasize that effectively addressing these complex changes requires a multidisciplinary approach.

Throughout this book, a unifying theme is the impact of these dynamic interactions between older people and their environments, including inequities based on age, gender, race, social class, and sexual orientation, on their quality of life and physical and mental well-being. But we also emphasize the remarkable resilience of older adults, many of whom have faced lifelong inequities. The differential effects that these changes have on three rapidly growing, but historically underserved, populations—women, LGBT adults, and elders of color—are frequently recognized, as well as the inner strength and resilience of these groups acknowledged. Culturally competent approaches to understand and respectfully meet the needs of an increasingly diverse older population are also identified.

We have tried to present up-to-date content, drawing upon current research, government reports, and Web sites. But because the field—and especially social, health, and long-term care policies and programs—changes so rapidly,

some of the issues raised in this edition will inevitably be out of date by the time the text is published. And statistics on demography, diversity, and social-economic status will have undoubtedly altered because of the rapidly changing environmental context. Similarly, some Web site URLs may change over time. Given this, we encourage students to keep up with these changes by reading journals, periodicals, reports, and Web sites that report on recent research findings and policies related to aging and older adults.

Features and Organization of the Text

For those of you who have used Hooyman and Kiyak's *Social Gerontology*, *Aging Matters* is not simply a scaled-back version of the ninth edition. More than 20 educators nationwide reviewed the outline and provided us with insightful recommendations about how to write a text that fits for undergraduates. Here are just a few of the ways the two books differ.

- New content has been added likely to appeal to undergraduates: for example, the use of technology among older adults as well as by those who are planning communities, housing, and services to support aging in place in the community and age-friendly communities; expanded and updated content on LGBT aging and on older immigrants; and a concluding chapter on careers in aging.
- Chapters have been consolidated to reduce both their number and length.
- Although committed to ensuring that our content is evidence based and up-to-date, the number of citations is reduced to ensure readability and all citations occur at the end of the relevant paragraph.
- We have tried to use a writing style and tone that is user-friendly and to which undergraduates can easily relate.
- Each chapter includes boxed or highlighted content to help undergraduates relate to material that might otherwise seem quite distant or abstract to them and apply it to their lives. These include:
  - A list of learning objectives at the beginning of each chapter
  - Case studies or vignettes of older adults and highlights from current news stories about elders in order to bring to life many of the concepts discussed in these chapters
  - Points to Ponder for students to respond individually or in small groups to questions about the content
  - Reflection Breaks for students to think about issues privately or explore them with others
  - Easily readable and updated tables, charts, and graphs
  - An increased number and mix of color photos conveying positive and negative images of older adults
  - Discussion questions at the end of each chapter to promote a review of key concepts and critical thinking
  - A list of key terms defines key terms introduced in that chapter along with a comprehensive glossary at the end of the book

The book is designed to be completed in a semester, but readers can proceed at a faster or slower pace and select only the chapters most relevant to their focus of study.

Consistent with the multidisciplinary nature of gerontology, this book is organized in sections that first address demographic changes within the United States, other countries, and other cultures, and then the biological, psychological, and social aspects of aging. The Introduction briefly reviews the book's underlying themes, key terms, and research methods used to study aging and older people. Chapter 1 encompasses the changing demographics of the U.S. population, with attention to gender and racial differences in life expectancy and the increasing diversity of the older population by race, sexual orientation, age, and social class. Chapter 2 discusses the demographic characteristics and economic implications of aging globally and the distinctive challenges faced by older immigrants and refugees in the United States. Chapter 3 covers normal age-associated biological and physiological changes, including sensory functions, that affect older people's daily functioning as well as their risk of chronic diseases, disability, and accidents; how they cope with the most common chronic health conditions; and their use of health and long-term services and supports services, including models of chronic disease management, care transitions, and health promotion. It also addresses older adults' sexuality and intimacy, a topic that may alter many undergraduates' conceptions of older adults. Chapter 4 deals specifically with normal age-related changes in intelligence, learning, memory, and personality as well as increases in creativity and wisdom that often occur with age. It

also reviews mental disorders faced by some older adults, such as depression and anxiety; the growing incidence of suicides and substance use; and the latest research on dementia, along with practices for supporting elders with such psychological disorders.

With this foundation in how physical and psychological changes affect the social aspects of aging, Chapters 5–8 focus on older adults' social well-being. Chapter 5 briefly discusses a range of social theories of aging that have shaped the types of research questions asked and, to some extent, how older adults are viewed in our society and how policies and programs are structured. These theories are also salient to understanding many of the issues faced by older adults in the context of family, friends, neighbors, and other multigenerational supports, current living arrangements, and community-based innovations in long-term care, productivity, and social/civic engagement in the later years, and the conditions under which people die. Chapter 6 addresses one of the primary components affecting how we age—informal social supports, including pets as a form of support. Whether we have friends, partners, neighbors, or children, oftentimes the intergenerational nature of these interactions affects our physical and mental well-being in old age. LGBT families are also specifically addressed. For older adults with chronic illness, disability, and increasing care needs, their social well-being is profoundly influenced by the availability of informal and formal caregivers. Chapter 7 addresses these caregivers who provide the majority of hands-on long-term personal care—family members, particularly adult children and partners, and direct care staff, and their need for supports for their vital roles, including a range of interventions. Issues of elder mistreatment by family members are acknowledged. Chapter 7 also recognizes the vital role that grandparents play as primary caregivers for their grandchildren and the distinctive challenges they face. Chapter 8 explores "productive" activities such as leisure, religious participation and spirituality, civic engagement, volunteerism and lifelong learning, and political activism that can be life enhancing and build upon older adults' strengths and resilience.

Chapter 9 discusses a subject—loss and grief—that touches the lives of all people. We include loss and grief as part of the social aspects of aging as they are profoundly social experiences that affect not only the person directly experiencing the loss but also the larger community. Loss is presented as broader than death. The loss of a home or a job, for example, can have a devastating effect on a person's life, especially as that person grows older and experiences a confluence of losses. As students read this chapter, they may be surprised to learn how many types of losses—in addition to the death of loved ones—we all experience across our life course. We also address issues salient to dying, including end-of-life care, advance care planning, and death with dignity.

The last section, Chapters 10–13, looks at the aging individual within the larger society. Chapter 10 covers retirement, employment/unemployment, economic status, poverty, and hunger, which are creating increasing challenges for growing numbers of older adults. It closes on a more optimistic note by briefly discussing changing conceptions of work and retirement that create new opportunities in old age. Chapter 11 examines where and how older adults live: different types of community-based living options as well as residential facilities, the use of technology to strengthen social connections and design age-friendly homes and communities to support aging in place, and the distinctive needs of homeless elders and older prisoners. Chapter 12 on technology, including increasing computer use by elders and universal design that help people age in place, is likely to change widely held images that older adults do not use such devices. Given the dramatically changing political arena, Chapter 13 on income maintenance, health, and long-term services and supports policies and programs—particularly Social Security, Medicare, and Medicaid—reflects contemporary debates related to federal and state budgets. It also reviews the Aging Network of basic services funded by the Older Americans Act and points to benefits for older adults funded by health care reform or the 2010 Patient Protection and Affordable Care Act (ACA). The last chapter, Chapter 14, on careers in aging, is particularly relevant to students wondering by the end of this book what kinds of jobs and careers they might find where they could work with older adults and their families. We hope that by the time they read Chapter 14 they will have realized that they will interact with older adults and their families in nearly every job setting.

We chose the title *Aging Matters* not only because the content relates to matters of aging, but also because we believe that the many topics and issues that we discuss in this book should *matter*—be of interest and concern—to people of all ages and from all walks of life. By the end of this book, students will realize that we are all affected in some way by an aging society and, perhaps

more importantly, that we as individuals or in groups can contribute to creating a society where different generations live together with dignity, mutual support, and an appreciation for diversity. Such a society requires that citizens, health care providers, nonprofit organizations, businesses, governments, and other entities actively—and, in many cases, cooperatively—work toward meeting the needs of a growing and increasingly diverse older adult population.

Undergraduate students are at a pivotal stage of their lives as they consider potential career paths ahead of them, and we anticipate that this book will provide them with the knowledge, ideas, and critical questions to make informed decisions about next steps as well as planning for their own active aging. We also hope that a greater awareness of social gerontology and its multidisciplinary nature will inspire and motivate students to pursue meaningful interactions with older adults in their families, neighborhoods, communities, and workplaces. For all of us, aging matters.

Student and Teacher Resources

Pearson eText The eText that accompanies this textbook contains a variety of resources that will enhance your learning. Self-study quizzes, additional readings, or visual activities may be included as part of the virtual experience. Visit www.pearsonhighered.com to view digital options for this title.

Instructor's Resource Manual and Test Bank (0205826237) For each chapter in the text, this valuable resource provides learning objectives, chapter outline and summary, discussion questions and classroom activities, and additional resources. In addition, test questions in multiple choice, true/false, and short answer formats are available for each chapter; the answers are page-referenced to the text. The Instructor's Resource Manual and Test Bank is available to adopters at www.pearsonhighered.com.

MyTest (0205826210) This computerized software allows instructors to create their own personalized exams, to edit any or all of the existing test questions, and to add new questions. Other special features of this program include the random generation of test questions, the creation of alternative versions of the same test, scrambling question sequences, and test previews before printing. The MyTest is available to adopters at www.pearsonhighered.com.

PowerPoint™ Presentation (0205826229) These PowerPoint slides combine text and graphics for each chapter to help instructors convey sociological principles and examples in a clear and engaging way. In addition, Classroom Response System (CRS) In-Class Questions allow for instant, class-wide student responses to chapter-specific questions during lectures for teachers to gauge student comprehension. The PowerPoint Presentation is available to adopters at www.pearsonhighered.com.

This text is available in a variety of formats—digital and print. To learn more about our programs, pricing options, and customization, visit www.pearsonhighered.com.

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As you will learn in Chapter 14, our third author and beloved colleague Dr. H. Asuman Kiyak helped to conceptualize this text. Unfortunately, she died from cancer early in the writing process of *Aging Matters*. But her commitment to the importance of our writing an undergraduate introductory text and her enthusiasm about our approach have sustained us in our writing since her death.

Our families and good friends have been a mainstay of support throughout the preparation of this book, and we take this opportunity to express our gratitude to all of them.

An Introduction to Social Gerontology

Listen to the **Chapter Audio**

You are about to spend a quarter or a semester studying **social gerontology**, the multidisciplinary study of the biological, psychological, and social aspects of aging. You will learn why *aging matters*. Social gerontologists are interested, among other things, in how the social structure affects and is affected by the older population and the diversity of aging experiences. People who research, teach, and practice gerontology come from many different fields, including medicine, nursing, dentistry, social work, physical and occupational therapy, psychology, psychiatry, sociology, economics, political science, pharmacy, biology, architecture, urban planning, policy studies, and anthropology. We will also use the term **geriatrics**, a specialty within the health professions that is concerned with the prevention or management of diseases that may occur as individuals age.

We will begin every chapter by providing you with a list of major ideas or concepts to be covered it. In this Introduction, we discuss:

- Why aging matters: why we study social gerontology, and the kinds of perspectives we use to study it
- Key terminology in the field
- Research methods to study older adults and aging

Why Study Gerontology?

You have chosen an excellent time to study gerontology because as you are probably aware, the number of older adults in the United States and worldwide is growing rapidly and will continue to do so for several decades. You have undoubtedly heard or read about how the growth of the older population is influencing the lives of all of us, individuals as well as social institutions, such as the family, the workplace, health care and human services, religious organizations, and education. Because of gains in life expectancy (how long people are expected to live), our communities will be filled with many more older people than has been the case in past generations. You may already be observing these trends in aging in your own neighborhood or community. Or you may hear or read in the news media about the challenges facing Social Security and Medicare—two policies that benefit older adults and their families. Most certainly you have heard about health care reform (or Obamacare), but may not be aware of how it promotes older adults' well-being. Unfortunately, older adults' strengths and valuable contributions to areas such as politics, business, education, volunteer activities, and families are often not as visible in the popular media as they should be. As a whole, our society tends to view aging as a problem to be solved or even a crisis (you may have heard the term silver tsunami!), rather than recognizing the opportunities for all of us to live full lives as we age and the ways in which younger generations benefit from older ones.

Most of us tend to hold misconceptions of aging, to fear or deny it—or to focus on its negatives. This reflects what is called **ageism**, which refers to negative stereotypes about old age. As is true for sexism and racism, 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. A frequent result of ageism is discriminatory behavior against older persons. For example, some older workers may feel undervalued or even invisible in the workplace because of stereotypes about their abilities and productivity. Ageism is pervasive in our society—to see daily examples of it, just look at greeting cards that make fun of older adults or so-called antiaging ads that promote products to make us look as young and attractive as possible.

At this point in time, it is not possible to reverse the aging process, despite advertisements to the contrary. There is no such thing as anti-aging formulas that work. We only stop aging when we die, so if we are lucky enough to go on living, we are also fortunate enough to continue aging.

Another important point emphasized throughout this text is that people do not age in the same way. Although there are older individuals who need professional or personal care, far many more can influence their own experience of aging. Genetics plays a central role in our health status, but our lifestyles during youth and middle age also are critical in affecting our physical, emotional, and spiritual well-being at every stage in our life course. Having said this, it is important not to blame older individuals who have health problems that may be preventable. They may not have had the knowledge, financial resources, or supports earlier in their lives to make healthy lifestyle changes.

The goal for individuals at any age should not be to halt or reverse the aging process, but to age in a healthy manner, making good lifestyle choices as much as possible and nurturing supportive social networks that will serve them throughout their lives. You will read research in this book that helps you understand what you can do now to promote active aging and the positive aspects of your own aging.

In many ways, these are "the best of times" to grow old in our society, because of increasing attention given to aging by researchers, policy-makers, and funders. In recent years, the news media have been reporting a wide range of stories related to the aging of the baby boom generation—those people in the population born between 1946 and 1964. And many of these baby boomers are viewed as models of positive, resilient or active aging. However, the well-being of many people young and old has been negatively affected by the economic crises confronting our nation and the world. The high cost of living, limited affordable housing, and reduced income and retirement savings have hurt many older people. For example, many adults who were looking forward to retirement or had already retired now must continue their employment or return to work. At the same time, health care costs, living expenses, and home maintenance expenditures escalated. Moreover, the poverty rate among older adults increased slightly in 2010–2011, for the first time since the 1950s. It is important to keep in mind that poverty rates may differ for older adults from state to state and, depending on how poverty is measured, there may be many more poor elders than official statistics indicate. As people are living longer, there are societal concerns about the substantial costs needed to provide health care and long-term services and supports. So while aging has many positive aspects that we discuss throughout this book, we also balance that perspective with a realistic look at challenges that often accompany aging in contemporary society.

A Life Course and Strengths Perspective

The process of "growing old" should not be viewed as an inevitable march to dependency and increasingly poor physical or mental health. On the contrary, we can develop and sustain our internal and external resources to make the aging process an active and deliberate experience. Such resources that enable us to survive and even thrive in adversity are often described as **resiliency**. We build and strengthen our resilience throughout our lives, even in early childhood. People who have been able to overcome early hardships in their lives are often better able to cope with challenges later in life. You may know an adult who has faced numerous obstacles and losses throughout their lives, but nevertheless remains optimistic, positive, and eager to tackle new experiences. Remember that the next time you feel overwhelmed by life. Find healthy coping mechanisms that work for you—supportive social networks, exercise, meditation, yoga, creative expression, spirituality, psychological counseling, and so forth. Years down the road, these same coping approaches may enable you to deal with other, perhaps greater hardships.

Similarly, we view the study of aging from a **life course** and strengths perspective. This means that we understand older adulthood as part of a continuity of human development across the life span—from birth to old age. But it is not just a matter of individual development. Instead, a life course view takes account of historical, political, cultural, economic, and other societal circumstances that affect how we age. Throughout this book, we address how structural factors such as race, ethnicity, gender, education, social class, and sexual orientation affect the way in which we age across the life course. You will see that older women of color as a whole have a very different experience of aging than older Caucasian men, for example, because of having faced gender and racial discrimination throughout their lives, which increases the likelihood of their being poor in old age. In other words, as we age, we are affected not only by our current circumstances but also by our past experiences with both advantages and inequities.

From a **strengths perspective**, we view older adults as underutilized societal assets who have much to contribute to families, communities, and organizations. Even an elder faced with chronic illness and disability can still contribute to others through listening, offering emotional support, and sharing their wisdom. From the caregiver's side, helping to care for another human being can also strengthen core human values such as compassion, patience, and understanding as well as resilience. We encourage you to look beyond wrinkles, gray hair, or visible deficits to the strengths that most older adults have honed by living as long as they have. In doing so, you may learn a lot about how to live life fully and to age in active manner.

Reflection Break

A key concept in this chapter and throughout the book is resilience: the ability to survive difficulties in life through healthy coping mechanisms and the discovery of internal and external strengths, such as family, neighbors, or spirituality. Take a few moments to reflect on your own life, or the life of someone you know—it could be someone you know personally or have read or heard about through the media—who has faced tremendous obstacles and hardships but has managed to keep moving forward with optimism and an appreciation for life. What are some of the ways of building your resilience—your internal strength and your social supports? What are some of the strengths you have right now that you can depend on when things get difficult?

A Multidisciplinary Perspective

One of the goals of this book is to help you understand aging from a multidimensional and multidisciplinary perspective. This text is not geared to students going into any particular profession or field of study. Instead, it attempts to address the physiological, emotional, cognitive, cultural, economic, and social aspects of aging, all of which interact to influence our physical and mental well-being and social functioning throughout the life course. As you will see throughout, it is essential to understand the changes that occur within the aging individual, how these then influence their interactions with their social and physical environments, and how older persons and their family members are, in turn, affected by larger societal conditions, such as the economy and public policy.

For every generalization about the aging population, there are of course exceptions, given the tremendous diversity within this population. People age 65 and older 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, suffering from chronic illnesses or dementia or homebound. Most still live—and want to remain—in a house or apartment as long as possible, but a small percentage are in retirement homes or skilled nursing facilities. Some receive comfortable incomes from pensions and investments, while others depend largely on Social Security and have little discretionary income. Most men over age 65 are married, whereas women are more likely to become widowed and live alone as they age. All of these characteristics of the heterogeneous older population–as well as others which will be addressed in the following chapters–affect the experience of aging. Indeed, the diversity of the aging experience is one of the reasons that studying older adults can be so fascinating. This book is also designed to provide a solid foundation of knowledge about aging that you can use as a way to better understand older family members, friends, and coworkers. Or this text may prepare you for more advanced study in the helping professions such as medicine, nursing, dentistry, pharmacy, physical or occupational therapy, social work, spiritual counseling, and others. As discussed more fully in Chapter 14, numerous jobs entail working with older adults in some capacity, even if that is not one's primary responsibility.

Key Terms

As with most other disciplines, the field of gerontology is constantly evolving, as is the recognition of language that makes sweeping generalizations or has negative connotations. Commonly used terms like "the elderly," "the aged," and "seniors" are frequently associated with negative images of the older population. For this reason, we have chosen the terms *older adults, older persons*, and *elders* throughout this textbook. The first two terms parallel those of younger persons/adults. The term elder, used widely among Native Americans and some Asian cultures, typically conveys respect and honor.

Another change in terminology is our use of the term *elders of color* or *people of color* rather than minorities to refer to four federally protected groups: African Americans, Latinos (including Mexican Americans/Chicanos, Puerto Ricans, Cubans, and Latin Americans), American Indians, and Asian/Pacific Islanders (APIs). These groups share the experience of collective discrimination and oppression by reason of their race. The terms *historically underserved, marginalized*, and *economically disadvantaged populations* are also used throughout the text to refer to these four groups.

We have chosen to use the word Latino in place of Hispanic wherever appropriate. This is because a growing number of scholars have suggested that Hispanic has been associated with colonialism and the conquest of Spanish-speaking people in the Americas. Except

Contrary to stereotypes of aging, elders enjoy doing many of the activities that people in younger generations do, such as playing or listening to music, as this African American couple are getting ready to do.

where dictated by publications, such as reports of the U.S. Census Bureau (where Hispanic is the standard term), we refer to older adults from Spanish-speaking origins as Latinos and Latinas.

How Do We Define Age?

Chronological aging is the definition of aging based on a person's years lived from birth. When we cite statistics about the older population in this book, we typically use a chronological marker of age 65 and older. This is how "older" is defined by the U.S. Census Bureau; additionally, for many years, it was the mandatory age of retirement, the age when a worker could receive full retirement benefits, and what our society typically considered as "turning" old. However, the age 60 is also frequently used to chronologically define "old"; for example, it is the age when a person can receive social services funded by the federal Administration on Aging. And in some traditional Asian cultures, one is considered old—and highly revered—at age 60. AARP—the largest membership organization of older adults in the United States—uses age 50 as its criteria for membership, although it may begin recruiting future members at an earlier age. And among some groups, such as the homeless and the chronically mentally ill, age 55 is considered old because they tend to face physical and health problems earlier in their lives. Globally, there may be other standards for defining an older person. In a country where life expectancy is much lower than in industrialized western nations, in many regions of Africa for example, people in their 40s may be considered old.

You probably have your own chronological definition when you consider someone to be old—or yourself to be old. And this definition may change as you age. The very concept of age is multidimensional, since people of the same chronological age could differ from each other biologically, physiologically, or psychologically.

The different chronological markers of "old age" illustrate its arbitrary nature. Throughout this book, you will see that chronological age is not necessarily related to

What Does "Old" Mean?

"Old age" may come earlier in some occupations than in others. For example, Brett Favre, quarterback for the Minnesota Vikings, threw for 33 touchdowns and 4,202 yards in 2009, leading his team to a 12–4 season and a trip to the Super Bowl. Sportswriters and fans were awed at his ability to play pro football at age 40. Despite multiple injuries and surgery, Favre returned for his 20th season in 2010, but after even more injuries, ended his football career because he was "too old." Sportswriters criticized Ken Griffey Jr. from the Seattle Mariners baseball team for being "too old" to make home runs. He retired at age 40 in the middle of the season. Fans were disappointed by this last year of play by a phenomenal athlete, who was chosen in the first-round draft pick of 1987 at age 17 and went on to make the fifth highest number of home runs in major league baseball. Or consider one of soccer's most talented players, Ronaldo, who announced his decision to retire in 2011 at age 34, saying he was not as fast as he had been in his youth and did not want to let down his team. His career spanned 18 years and made him the top goal scorer in World Cup history. These different perspectives by and about "aging" athletes makes us rethink what it means to be "old."

In contrast to athletes who are forced to retire because of age-associated physiological changes and injuries, politicians and intellectuals who are still productive at age 85 and older are often considered "sages" in their accomplishments. Until shortly before his death at age 92, Senator Robert Byrd of West Virginia—the longest-serving member of Congress—was participating in debates and casting votes in the Senate. Economist Paul Volcker, Chair of the Federal Reserve under Presidents Carter and Reagan, was appointed by President Barack Obama to chair the Economic Recovery Advisory Board in 2009 at age 83. He continues to speak out in favor of regulatory reform of U.S. banks. Can you think of other examples of how "old" varies with one's occupation?

a person's well-being, quality of life, or ability to function on a daily basis. You may know someone who exercises consistently and appears "physically young," but is chronologically old—or someone who is impaired and appears to be quite old in terms of their ability to carry out daily tasks, but is only in their 40s. Or you may remark that someone "looks younger (or older)" or "acts younger (or older)" than her or his age. This implies that the individual's biological or psychological or social age—which is not captured by the demographics of aging—does not seem consistent with their *chronological age*. These are critical distinctions in any discussion of the diversity of the aging experience:

- **Biological aging** or physiological changes reduce the efficiency of organ systems, such as the lungs, heart, and the circulatory system.
- **Psychological aging** encompasses alterations that occur in cognitive abilities (e.g., memory, learning, and intelligence), emotions and adaptive capacity, and personality.
- **Social aging** comprises an individual's changing roles and relationships with family, friends, and other informal supports, and both paid and unpaid productive roles such as work and volunteering.

So although you may hear the term "older adults" used as if describing a large and homogeneous category of people, remember they are actually more diverse than any other age group and becoming more so in the coming years. There is considerable truth to the statement that as we grow older, we become more unlike each other.

Cohort is another key term for understanding the wide variation of characteristics among the older population. **Birth cohort** is used to describe groups of people who were born at approximately the same time and therefore share many common life experiences. For example, cohorts now in their late 90s experienced the Great Depression and World War II, which profoundly shaped their lives. You or your parents may have known older people from the Depression-era cohort who saved everything and were frugal throughout their lives. Or someone who fought in World War II, often defined as the Greatest Generation, who benefited from the postwar boom in jobs and education, but perhaps never talked about horrific wartime experiences until late in life. The Great Depression and World War II generations also include large numbers of immigrants to the United States early in 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. Such cohort differences must be taken into account in any studies of older adults as well as policies and services to address their needs. Birth cohorts also influence the general population, as is the current situation with the aging of the baby boomers and how they are redefining aging, just as they redefined lifestyles earlier in their lives.

How Do We Study Older Adults?

As you read this text, you may find yourself wondering, how do we know what we know about older adults? Throughout, we draw upon a wide range of research from multiple disciplines. We next review some of the research methods that have been used to help us better understand older adults. Keep in mind, though, that this is a basic overview. Entire college courses are offered on research methods, and sometimes a single class may be devoted to just one method. What we offer here is meant to give you a sense of where our current knowledge about older adults comes from. Moreover, one of the many reasons that the field of gerontology, which is so complex and rapidly changing, is an exciting one is that there are constantly new research findings. Indeed, this means that sometimes recent research conclusions may appear to contradict earlier studies as well as many of your own beliefs about aging and the older population. So it is important for you to turn to up-to-date Web sites and recent publications for the latest research findings on any particular gerontological topic.

Research Methods

A major way of understanding how a person changes over time requires that a person be studied over a long period of time. This kind of research is known as a **longitudinal study**. It involves the measurement of the same person over a specified period of time, typically years. The Baltimore Longitudinal Study of Aging (BLSA) is the largest and longest-running such study, and we draw upon findings from the BLSA throughout this book.

Studying Older Adults for More Than Half a Century

The National Institute on Aging (NIA) conducts research to learn about the changes that take place as we age. One goal of NIA research is to help us understand medical problems that are common in older people. The NIA supports the Baltimore Longitudinal Study of Aging (BLSA), America's longest-running scientific study of human aging, begun in 1958. BLSA scientists are learning what happens as people age and how to sort out changes due to aging from those attributed to disease. More than 1,400 men and women are study volunteers, and range in age from their 20s to their 90s (http://www.blsa.nih.gov/).

The Kuakini Honolulu Heart Program, funded by the National Heart, Lung, and Blood Institute since 1965, is another example of a longitudinal design. This study followed 8,000 men of Japanese ancestry living on the island of Oahu in Hawaii. Researchers observed the participants' incidence of coronary heart disease and stroke over a period of decades. Findings have played a part in the U.S. government's recommended dietary guidelines, in the development of rehabilitation programs for heart attack victims, and in the discovery of "good cholesterol."

Although significant information can be gained from longitudinal studies, one major problem is that they are extremely expensive to conduct. You can imagine the time, energy, and expense involved in studying such a large group of people over such a long period of time. As is the case with many types of research, it also is not always clear how generalizable the findings are to the larger population. In other words, if the study participants do not reflect the larger population (in distribution by gender, age, ethnicity, educational attainment, income, health status, and so forth), are the findings from the study applicable to the general population?

Another type of study is referred to as **cross-sectional** and compares people of different chronological ages at the same measurement period. These studies are the most common in gerontology. Specifically, researchers compare a number of study participants of different ages on the same characteristics in order to determine age-related differences. Cross-sectional studies are frequently used because data can be readily gathered compared to other designs. An example would be a study comparing church attendance by American adults under age 65 with those 65 and older. The average differences among different age groups in each study might suggest the conclusions that people become more religious as they age. But the difference could also be explained by particular cultural and historical conditions (the birth cohort effect that we discussed above) that shaped each group of participants being studied. For example, a higher rate of church attendance among today's older adults than among younger adults probably reflects generational differences in attitudes toward attending church, as opposed to becoming more religious as we age. The major limitation of cross-sectional studies occurs when differences among younger and older respondents are erroneously attributed to growing old.

Sequential designs are another research method. Three types of sequential designs are (1) cohort-sequential, (2) time sequential, and (3) cross-sequential. A cohort-sequential design is an extension of the longitudinal design, whereby two or more cohorts or groups are followed for a period of time so that measurements are taken of different cohorts at the same ages but at different points in time. The time-sequential design is useful for distinguishing between age and time of measurement or historical factors. It can be used to determine if changes observed are due to aging or to historical factors. The researcher using this design would compare two or more cross-sectional samples at two or more measurement periods. The third technique is the cross-sequential design, which combines cross-sectional and longitudinal designs.

There are many other types of research methodologies that can be used to study and understand older adults. These may include observation in natural settings—for example, watching and documenting activities and interactions at a community center for older adults—or conducting in-depth interviews with older adults or their caregivers. U.S. Census data—along with other large databases such as the National Health and Retirement Study of more than 22,000 adults age 50 and older—are a primary source for research. Simple surveys—questionnaires—can be administered to groups of people to gather descriptive data. For example, you may want to find out from a group of 50 older adult participants at a senior center how many of them have a Facebook account and, among those who have one, how many visit their Facebook page once a week or more. In any type of research that you may do, you

must consider ethical issues and be sure that you are taking account of factors such as confidentiality and safety of the participants.

Sampling, or how the participants for the study are selected, is a major challenge for researchers. If the sample is not representative, the results are of questionable external validity. In other words, the results cannot be used to make generalizations about the larger population. A representative sample means that each person in the sample was randomly selected from the larger population. However, comprehensive lists of older people are not readily available. Membership lists from organizations such as AARP tend to over represent those who are healthy, white, and financially secure. Studies in long-term care facilities tend to over represent those with chronic impairments. Because whites represent the vast majority of the population over age 65 today, it is not surprising that they are more readily available for research. But this is changing with the increasing racial and ethnic diversity of the older population and will necessitate culturally competent strategies to recruit elders from different cultural backgrounds to participate in research.

Reaching older persons of color through organizational lists can be especially difficult. More effective means of recruiting these groups involve the active participation of community leaders such as ministers and respected elders in churches or local community organizations attended by the population of interest. The problem of ensuring diverse samples of research participants is compounded if some elders of color mistrust research. Many African Americans, in particular, know about the unethical practices of the studies conducted in the early twentieth century where blacks were unknowingly exposed to illness as part of the study, and may be reluctant to participate in research today, despite significant improvements in the ethics of human research. Researchers must be sensitive to these issues when attempting to recruit elders of color into research projects. As another example, lesbian, gay, bisexual, and transgender (LGBT) older adults may be reluctant to disclose their sexual orientation to a researcher.

Such a disproportionate focus on whites and lack of data on historically underserved groups have slowed the development of gerontological theories that consider the impact of race, ethnicity, culture, and sexual orientation on the aging process. Yet, even as researchers and funding agencies emphasize the need to include more people of color in all types of research, multiple confounding factors must be considered. For example, Latino elders represent U.S.-born as well as immigrant populations who have come here from countries as diverse as Mexico, Cuba, and Argentina and speak different Spanish dialects. Therefore, any research that includes racial groups must distinguish among subgroups by language, place of birth, nationality, ethnicity, and religion, not just the broader categories of Latino, African American, and Asian. It is not necessary to include all possible subgroups of a particular racial population in a given study. However, it behooves the researcher to state clearly who is represented in order to assure appropriate generalizability of the findings.

As mentioned earlier, a comprehensive discussion of research methods can take up an entire semester. This relatively brief discussion should give you an idea of some ways that older adults have been studied—and some of the challenges of doing so. There are other ways, and we encourage you to do further investigation of research methods if this is a subject that interests you.

As families become more diverse, an emerging research area is interracial intergenerational relations.

summary

This text presents the study of social gerontology from a multidisciplinary perspective, with topics related to the biological, psychological, and social aspects of aging. It is geared toward students who may go into a wide range of fields where they will interact with older adults or who want to be informed about aging for personal reasons. Two key terms you will encounter in this text is gerontology, which is the study of aging, and geriatrics, which is a specialized medical field focused on the prevention and treatment of diseases related to aging.

Although many people would define age as the number of years a person is from birth (i.e., chronological age), this is only one way to define age. There is also biological, psychological, and social aging. This means that two individuals who are 65 years old in chronological age may have bodies whose organ systems (e.g., kidneys, liver, and heart) or learning and memory function vary differently from each other. These differences may be due to genetics, lifestyle choices, societal conditions, the cohort in which one was born—or all these factors. We can all make healthy choices throughout our lives to promote active aging, but there are many variables influencing how we age that we cannot control.

Research on older adults involves many different methods, each with its strengths and limitations. Some research helps us understand a group of individuals with particular characteristics, but whether those findings apply to a more heterogeneous group of older adults is not clear. More research on diverse groups of older adults using a wide range of methods is needed to continue our understanding of older adulthood and the diversity of aging experiences, including the factors that promote resilience and active aging.

key terms

ageism, p. 2
baby boom, p. 3
biological aging, p. 6
Birth cohort, p. 6
chronological aging, p. 5
cohort, p. 6
cross-sectional, p. 7
geriatrics, p. 2
life course, p. 3
longitudinal study, p. 6
psychological aging, p. 6
resiliency, p. 3
sequential designs, p. 7
social aging, p. 6
social gerontology, p. 2
strengths perspective, p. 3

review questions

1. How does the term geriatrics differ from gerontology?
2. What are some of the limitations of chronological age to describe an older adult?
3. How would you define biological, psychological, and social aging?
4. Define cohorts and give two examples of how cohort affects a person's experience of aging.
5. Briefly describe what the concept of resiliency means.
6. What are some limitations of cross-sectional research designs? What are some advantages of longitudinal research designs?