

SIXTH EDITION

Aging and the Life Course

An Introduction to Social Gerontology



JILL QUADAGNO



Aging and the Life Course

AN INTRODUCTION TO SOCIAL GERONTOLOGY

Sixth Edition



Aging and the Life Course

AN INTRODUCTION TO SOCIAL GERONTOLOGY

Sixth Edition

Jill Quadagno

Pepper Institute on Aging and Public Policy
Florida State University





AGING AND THE LIFE COURSE: AN INTRODUCTION TO SOCIAL GERONTOLOGY, SIXTH EDITION

Published by McGraw-Hill, a business unit of The McGraw-Hill Companies, Inc., 1221 Avenue of the Americas, New York, NY 10020. Copyright © 2014 by The McGraw-Hill Companies, Inc. All rights reserved. Printed in the United States of America previous editions © 2011, 2008 and 2005. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without the prior written consent of The McGraw-Hill Companies, Inc., including, but not limited to, in any network or other electronic storage or transmission, or broadcast for distance learning.

Some ancillaries, including electronic and print components, may not be available to customers outside the United States.

This book is printed on acid-free paper.

1 2 3 4 5 6 7 8 9 0 DOC/DOC 1 0 9 8 7 6 5 4 3

ISBN 978-0-07-802685-0

MHID 007-802685-7

Vice President, General Manager, Products & Markets: *Michael Ryan*

Managing Director: *Gina Boedeker*

Executive Director of Development: *Lisa Pinto*

Managing Editor: *Sara Jaeger*

Marketing Specialist: *Alexandra Schultz*

Editorial Coordinator: *Adina Lonn*

Senior Project Manager: *Lisa A. Brufordt*

Buyer: *Nichole Birkenholz*

Media Project Manager: *Sridevi Palani*

Cover Designer: *Studio Montage, St. Louis, MO*

Cover Image: *Kevin Macpherson, www.kevinmacpherson.com*

Compositor: *Aptara®, Inc.*

Typeface: *10/12 Goudy Oldstyle Std*

Printer: *RR Donnelly*

All credits appearing on page or at the end of the book are considered to be an extension of the copyright page.

Library of Congress Cataloging-in-Publication Data

Quadagno, Jill S.

Aging and the life course: an introduction to social gerontology / Jill Quadagno. — 6th ed.

p. cm.

ISBN-978-0-07-802685-0 (alk. paper)—ISBN-0-07-802685-7 (alk. paper)

1. Gerontology. I. Title.

HQ1061.Q33 2014

305.26—dc23

2012042306

About the Author

Jill Quadagno is Professor of Sociology at Florida State University, where she holds the Mildred and Claude Pepper Eminent Scholar Chair in Social Gerontology. She has been teaching courses on aging for more than 30 years. She received her BA from Pennsylvania State University in 1964, her MA from the University of California at Berkeley in 1966, and her PhD from the University of Kansas in 1976. She also received a postdoctoral from the National Science Foundation to do research at the Cambridge Group for the History of Population and Social Structure in Cambridge, England, in 1979.

In 1992 she became a fellow of the Gerontological Society of America. She has also been the recipient of the Distinguished Scholar Award from the Section on Aging of the American



logical Association, she was elected to the Institute of Medicine in 2010.

Sociological Association and has been awarded a John Simon Guggenheim Fellowship and an American Council of Learned Societies Fellowship. In 1994 she served as senior policy advisor on the President's Bipartisan Commission on Entitlement and Tax Reform. She is the author or co-author of 12 books on aging and social policy issues, including *The Transformation of Old Age Security*, *Labor Markets and the Future of Old Age Policy*, *From Nursing Homes to Home Care*, *Ending a Career in the Auto Industry: The Color of Welfare: How Racism Undermined the War on Poverty* and *One Nation, Uninsured: Why the U.S. Has No National Health Insurance*. A past president of the American Socio-

Brief Contents



Part One

DEFINING THE FIELD

- 1 The Field of Social Gerontology 2
- 2 Life Course Transitions 26
- 3 Theories of Aging 46
- 4 Demography of Aging 70



Part Two

INTERDISCIPLINARY PERSPECTIVES ON AGING

- 5 Old Age and the Welfare State 94
- 6 Biological Perspectives on Aging 118
- 7 Psychological Perspectives on Aging 146



Part Three

SOCIAL ASPECTS OF AGING

- 8 Family Relationships and Social Support Systems 172
- 9 Living Arrangements 200
- 10 Work and Retirement 222



Part Four

HEALTH ASPECTS OF LATER LIFE

- 11 Health and Health Care 248
- 12 Caring for the Frail Elderly 270
- 13 Dying, Death, and Bereavement 296



Part Five

AGING AND SOCIETY

- 14 The Economics of Aging 320
- 15 Poverty and Inequality 344
- 16 The Politics of Aging 368

Glossary	390
References	401
Acknowledgments	451
Photo Credits	455
Author Index	457
Subject Index	469

Contents



Part One

DEFINING THE FIELD

1 The Field of Social Gerontology 2

The Field of Gerontology 4

Defining the Terms 4

Successful Aging 4

Conceptual Issues in Research on Aging 4

Aging Around the World: Successful Aging on the Israeli Kibbutz 5

Defining Old Age 6

In Their Own Words: The Botox Diary 8

Cohorts and Generations 8

Ageism 10

Forms of Ageism 10

An Issue for Public Policy: Eradicating Ageism in Health Care 11

Perpetuating Ageism through the Media 12

Diversity in the Aging Experience: Gender and the Double Standard of Aging 13

A Profile of Older Americans 15

Health 15

Marital Status 15

Income and Poverty 18

Education 19

Careers in Social Gerontology 20

The Gerontological Specialist 20

Expanding Career Opportunities 21

Becoming a Gerontological Specialist 22

2 Life Course Transitions 26

The Life Course Framework 28

Methodological Issues in Research on the Life Course 29

Age, Period, and Cohort Effects 29

Cross-Sectional Research 30

Longitudinal Research 31

Qualitative Research 32

Identifying Life Course Events 32

The Timing of Life Course Events 32

The Duration of Life Course Events 34

In Their Own Words: Reversing Roles: Children Caring for an Aged Parent 35

The Sequencing of Life Course Events 35

The Effect of Early Experiences on Adult Outcomes 36

Aging Around the World: The Effect of Military Service on German Veterans of World War II 37

Demographic Change and Middle Age 38

The Theory of Cumulative Disadvantage 39

How Government Influences the Life Course 39

An Issue for Public Policy: Defining the Transition to Old Age 40

Diversity in the Aging Experience: Gender Inequality Across the Life Course 41

3 Theories of Aging 46

The Origins of Social Gerontology 49

Micro Theories of Aging 50

Psychosocial Theories 50

In Their Own Words: An Older Gay Man Struggles to Stay Engaged 51

The Individual and the Social System 53

Diversity in the Aging Experience: Religion and Personal Well-Being 54

Social Constructionism 56

Macro Theories of Aging 57

Age and Social Status 57

Aging Around the World: Veneration of the Aged in Traditional Society 60

Theories of Power and Inequality 63

An Issue for Public Policy: Structural Lag and Age-Friendly Communities 64

Critical Gerontology 66

4 Demography of Aging 70

- Sources of Population Data 72
- Individual Aging Processes 73
 - Life Span 73
 - Life Expectancy 73
 - The Sex Ratio 73
- Population Aging 73
 - The Demographic Transition 74
 - International Variations in Population Aging 76
- Aging Around the World: Population Aging and Terrorism* 77
- Dependency Ratios 78

- Population Trends in the United States 79
 - The Changing Age Structure 79
 - Fertility 79
 - Mortality 82
- Diversity in the Aging Experience: Gender Differences in Life Expectancy* 83
- Migration 84
- In Their Own Words: Maintaining a Cuban Identity* 85
 - Dependency Ratio 85
 - Life Expectancy 86
- An Issue for Public Policy: Should SSI for Refugees Be Restored?* 87
- The U.S. Sex Ratio 89



Part Two

INTERDISCIPLINARY PERSPECTIVES ON AGING

5 Old Age and the Welfare State 94

- Social Programs of the Welfare State 96
 - Public Assistance 96
 - Social Insurance 97
 - Fiscal Welfare 97
- The Organization of the American Welfare State 98
 - Income Support 98
- In Their Own Words: Surviving on Social Security* 101
- Aging Around the World: Restructuring Public Pension Programs in Europe* 103
 - Health Care 104
- An Issue for Public Policy: How the Affordable Care Act of 2010 Affects Medicare* 105
 - Support for the Disabled 107
 - Long-Term Care 108
 - Social Services 111
- Diversity in the Aging Experience: The Use of Community Long-Term-Care Services among Elderly Korean Americans* 113
- The Age versus Need Debate 114

6 Biological Perspectives on Aging 118

- Theories of Biological Aging 120
 - Environmental Theories of Aging 120
 - Developmental/Genetic Theories of Aging 121
- The Aging Body 123
- Diversity in the Aging Experience: Life Expectancy and Health Behaviors among Mormons* 124
- Aging Around the World: International Variations in Active Life Expectancy* 125
 - Aging of the Exterior Body: Skin and Hair 126
 - Aging of the Nervous System 127
 - Aging of the Sensory Organs 130
- An Issue for Public Policy: Should the Driving of Older People Be Restricted?* 132
 - Aging of the Skeletal System: Bones, Cartilage, and Connective Tissues 135
- In Their Own Words: Living with Osteoporosis* 137
 - Aging of the Muscular System: Muscle Mass and Strength 138

- Aging of the Reproductive System 139
 Aging of the Cardiovascular System: Heart and Blood Vessels 140
- 7 Psychological Perspectives on Aging 146**
 Aging and Cognitive Change 148
 Creativity and Wisdom 148
 Intelligence 149
Aging Around the World: A Swedish Study of the Heritability of Intelligence 152
 Learning and Memory 152
An Issue for Public Policy: Should There Be Mandatory Retirement for Airline Pilots? 153
 Learning and Information Technology 155
 Mental Disorders 155
 Dementias 155
- In Their Own Words: Adjusting to Living with Alzheimer's Disease* 158
 Depression 159
Diversity in the Aging Experience: Racial Differences in Depression in Later Life 160
 Personality and Adaptation 161
 Personality and Aging 161
 Personality and Health 162
 Personality and Coping 162
 Stage Theories of Adult Development 163
 Erikson's Theory of Identity Development 163
 Transitions through Adulthood 164
 An Evaluation of Stage Theories 168



Part Three

SOCIAL ASPECTS OF AGING

- 8 Family Relationships and Social Support Systems 172**
 The Social Support System 174
 Defining the Concept of Social Support 174
 Gender Differences in Social Support Systems 175
 Changing Family Structure and Social Support Systems 175
 Marital Status in Later Life 176
 The Later Stages of Marriage 176
 Marital Satisfaction over the Life Course 176
 Marital Quality and Health 178
 Marriage and Sexual Activity 179
 Gender and Marriage 179
 Parent–Child Relationships 180
 Social Interaction and Exchange 181
Diversity in the Aging Experience: Racial and Ethnic Variations in Filial Responsibility 183
 The Effect of Divorce 184
Aging Around the World: Parent–Child Relationships among Chinese and Korean Immigrants to the United States 185
 The Effect of Remarriage 186
- The Unmarried Elderly 186
In Their Own Words: Deciding to Remarry 187
 Sibling Relationships in Later Life 188
 Grandparenthood 188
 Styles of Grandparenting 189
 Grandparents Raising Grandchildren 189
 The Quality of the Grandparent–Grandchild Relationship 190
 The Grandparent Career 191
 Grandparenting after Divorce 191
An Issue for Public Policy: Should Grandparents Have Visitation Rights after a Divorce? 192
 The Families of Older Gays and Lesbians 194
 Social Support for LGBT Individuals 194
 Friends and Social Support Systems 194
 Patterns of Friendship 195
 Dating in Later Life 197
- 9 Living Arrangements 200**
 Household Structure 202
 To Move or to Stay? 203

- Geographic Mobility 203
- Aging in Place 205
- Home Ownership 206
- Aging Around the World: Growing Old in the City of Light* 208
 - Housing Quality 208
- Alternative Living Arrangements 210
- Diversity in the Aging Experience: Life in a Single Room Occupancy Hotel* 211
 - Assisted Living 211
 - Continuing Care Retirement Communities 214
- An Issue for Public Policy: The "Money Follows the Person" Demonstration* 215
- In Their Own Words: Staying Independent in a Senior Apartment Complex* 216
- 10 Work and Retirement 222**
 - Trends in Labor Force Participation 224
 - The Decline of Career Employment 224
 - Labor Force Participation of Men 224
 - Labor Force Participation of Women 225
 - International Trends in Labor Force Participation 226
 - Diversity in the Aging Experience: Racial and Ethnic Differences in Labor Force Participation* 227
 - The Transition from Work to Retirement 228
 - Bridge Jobs 228
 - Phased Retirement 229
 - Contingent Work 229
 - Age Discrimination 230
 - Aging Around the World: Age Discrimination in Great Britain* 232
 - Factors Affecting Labor Force Withdrawal 233
 - Economic Incentives 233
 - An Issue for Public Policy: Elimination of the Earnings Test for Social Security Recipients* 234
 - Retiree Health Benefits 235
 - Retirement as an Individual Decision 235
 - Future Trends in Retirement 237
 - In Their Own Words: Returning to Work after Retirement* 238
 - Being Retired 238
 - Satisfaction with Retirement 238
 - Daily Activities and Health 240
 - Volunteering 241
 - Religious Participation 244



Part Four

HEALTH ASPECTS OF LATER LIFE

- 11 Health and Health Care 248**
 - Adding Years to Life or Life to Years? 250
 - Stages of the Epidemiologic Transition 250
 - The Compression of Morbidity Thesis 251
 - Social Determinants of Health 252
 - Health Lifestyles 252
 - Aging Around the World: Patterns of Lung Cancer Death Rates in European Women* 254
 - In Their Own Words: Staying Healthy through Activity* 255
 - Social Support Systems 256
 - Socioeconomic Status 257
 - Gender 259
 - Race and Ethnicity 260
 - Diversity in the Aging Experience: The Puzzle of Hypertension among African Americans* 261
 - The Elderly in the Health Care System 263
 - Health Care Providers and the Elderly 263
 - The Organization of Health Care 264
 - An Issue for Public Policy: Benefits for Seniors in the Patient Protection and Affordable Care Act of 2010* 266
- 12 Caring for the Frail Elderly 270**
 - Family Care 272
 - A Profile of Caregiving 272

- Gender Differences in Caregiving 274
 Caregiver Burden 275
 Work and Caregiving 276
 Caregiving and Family Relationships 277
 Home Care 280
 Home and Community-Based Services 280
Diversity in the Aging Experience: Caregiving Experiences of Gays and Lesbians 281
Aging Around the World: Innovative Reforms in Long-Term Care in Western Europe 283
 Race, Ethnicity, and Long-Term Care 283
 Private Long-Term-Care Insurance 284
 Institutional Care 285
 The Nursing Home Industry 285
 Staff Turnover in Long-Term Care 285
An Issue for Public Policy: Staff Levels and Quality of Care in Nursing Homes 286
 Access to Nursing Home Care 287
 The Nursing Home as Total Institution 288
In Their Own Words: Rescuing a Christmas Ritual 292
- 13 Dying, Death, and Bereavement 296**
 Cross-Cultural and Historical Perspectives on Death 298
 Death in Pre-literate Societies 298
 Death in Non-Western Cultures 298
 Facing Death 300
 Preparing for Death 300
In Their Own Words: Reconciling to Alzheimer's Disease 301
 A Stage Theory of Dying 301
 Managing Death 302
 The Right to Die 302
An Issue for Public Policy: End-of-Life Decisions in Intensive Care Units 304
 Hospice Care 305
 Bereavement 309
 Widowhood 309
Aging Around the World: End-of-Life Care in France 310
Diversity in the Aging Experience: The Death of a Same-Sex Partner 313
 The Death of a Parent 314



Part Five

AGING AND SOCIETY

- 14 The Economics of Aging 320**
 Aging Policy and the Economy 322
 The Changing Economic Status of the Aged 323
 Today's Older Generation 323
 Income Inequality in Later Life 325
 The Aging of the Baby Boomers 325
Diversity in the Aging Experience: Making Tough Choices after the Stock Market Collapse 326
 Public Income Sources 327
 The Status of Social Security 327
 Restoring the Trust Fund 330
 Means Testing 332
 Privatization 333
 Private Sources of Income in Old Age 334
 Employer Pensions 334
Aging Around the World: Strategies for Reducing Public Pensions 335
 Personal Savings 337
An Issue for Public Policy: Should Pension Plans Be Invested in Employer Stocks? 338
In Their Own Words: A Secure Retirement through Long-Term Planning 339
- 15 Poverty and Inequality 344**
 Aging and Social Stratification 346
 The Theory of Cumulative Disadvantage 346
 Income and Poverty 347

Gender Inequality in Old Age 349	
Patterns of Gender Inequality 349	
<i>In Their Own Words: The Gendered Division of Household Labor</i> 350	
Inequality in Social Security Income 351	
<i>An Issue for Public Policy: Social Security and Divorce</i> 354	
<i>Aging Around the World: Welfare State Restructuring for Gender Equity</i> 356	
Inequality in Supplemental Security Income 357	
Inequality in Employer Pension Coverage 357	
<i>Diversity in the Aging Experience: Sex and 401(k) Plans</i> 358	
Race, Ethnicity, and Inequality 359	
The Social Construction of Race and Ethnicity 359	
Racial and Ethnic Variations among the Aged 359	
16 The Politics of Aging 368	
Political Activism among the Elderly 369	
Voting 370	
	<i>An Issue for Public Policy: Has Support for Social Security Declined?</i> 372
	Interest Group Politics 375
	Social Movement Politics 378
	<i>Aging Around the World: Politics by Stealth: Reducing Public Pensions in France</i> 379
	The Aged as Political Office Holders 380
	<i>Diversity in the Aging Experience: The Red Hat Society</i> 381
	Other Forms of Political Involvement 382
	<i>In Their Own Words: Reminiscences of a Lifelong Activist</i> 383
	Political Debates about the Aged 384
	The Deserving Elderly 384
	The Generational Equity Debate 384
	The Entitlement Crisis 386
	The Ownership Society 387
	Glossary 390
	References 401
	Acknowledgments 451
	Photo Credits 455
	Author Index 457
	Subject Index 469

Preface

I taught my first course in social gerontology in 1978. Would anyone sign up, I wondered? Why would 18-year-old students be interested in aging? I marched into the classroom and laid out my notes that August day, perspiring from nervousness as much as from the heat. I couldn't help but notice the tall, broad-shouldered guy sitting in the front row. His name, I learned when I called the roll, was Mike Thomas, an Iowa farm boy transplanted to Kansas to play football. Oh, great luck, I thought, echoing the prejudice college professors sometimes hold against football players. To my surprise, Mike earned a gentlemanly C+ as well as my abiding affection and respect. I hope his life is going well. He not only laid to rest my stereotype of football players but also taught me why my social gerontology classes have filled every semester that I have taught them.

Mike wrote his required paper on grandparenting, a topic that interested him because of his close relationship to his own grandmother. Much as he loved her, he also witnessed the tensions that arose when she moved in with his parents, into his brother's old bedroom. Aging interested Mike, as it does most students, because it was so close to his own life. Of course, most college students are not yet worried about growing old themselves. But all young people are members of families, and the dilemmas their parents and grandparents face affect them too. So it's natural that they are drawn to the subject. Then, too, an increasing number of students these days are returning to school after having worked full-time for many years and raised families. These older students have an immediate interest in the topic of aging. The challenge for the instructor is to demonstrate how these personal concerns are linked to larger structural issues, such as how, for example, familial care of the frail elderly is influenced by population aging and by political decisions about the just distribution of societal resources. It was my interest in demonstrating to students how the subject matter of their lives is shaped by larger societal forces that led me to write this text.

ORGANIZATION

This text is divided into five parts and 16 chapters. The chapters in Part One, "Defining the Field," provide the student with a firm grounding in core methodologi-

cal and theoretical issues and document key trends in population aging. Part Two, "Interdisciplinary Perspectives on Aging," reflects the fact that social gerontology is an inherently interdisciplinary field. It provides a detailed look at the contributions of history, biology, and psychology to the study of aging.

Part Three, "Social Aspects of Aging," examines family relationships, living arrangements, and the transition from work to retirement. Part Four, "Health Aspects of Later Life," discusses health and health care in later life, care for the frail elderly, and the experience of death and dying. Part Five, "Aging and Society," examines aspects of aging at the societal level. The three chapters in this section discuss the economic and political aspects of aging.

DISTINCTIVE CHAPTERS

This book includes all the topics typically covered in a social gerontology text and contains three distinctive chapters. One of these is a separate chapter on the life course (Chapter 2, "Life Course Transitions"). I include this topic because of the growing emphasis in the field of social gerontology on the relationship between the quality of life in old age and an individual's cumulative experiences, choices, constraints, and opportunities over the life course.

Another distinctive chapter focuses on the long-term care of the frail elderly (Chapter 12, "Caring for the Frail Elderly"). A substantial body of research on this subject examines the burdens and satisfactions family members experience in caring for their aging kin, the problems associated with nursing home care, and the advantages and disadvantages of various alternative living arrangements. This chapter provides a complete portrait of the range of long-term-care options and of the policy choices facing an aging society. It also includes the fascinating qualitative research on daily life in nursing homes that students find so interesting.

Each semester that I have taught this course, I have found that students were confused by the vast array of social programs for income support, health care, social services, and long-term care in the United States. Most texts scatter explanations of these programs within various chapters. This book includes a separate chapter

on the welfare state that explains the differences in how these programs are funded, who is eligible for benefits, what benefits are provided, and the relationship of the programs to one another (Chapter 5, “Old Age and the Welfare State”). It is intended to serve as a ready reference for students as they read about these programs at appropriate points elsewhere in the text.

PEDAGOGY

Chapter Outline

Each chapter opens with an outline that introduces the student to the topics covered in the chapter.

Looking Ahead Questions

The **Looking Ahead** questions provide students with four or five questions to keep in mind when reading the chapter.

Chapter Opener

Each chapter features a lively introduction to engage students’ interest in the subject matter and set the stage for the material that follows.

Key Terms

Key terms and concepts used in the text are highlighted in bold when they are introduced. A list of key terms—with page references—follows at the end of each chapter. The glossary at the end of the book provides a definition of each key term used in the text.

Illustrations

Chapters are enlivened by figures, tables, cartoons, and photos that summarize key trends and highlight important issues.

Thematic Boxes

Many instructors have told me they and their students found the boxed discussions timely, informative, and helpful. **An Issue for Public Policy** boxes examine the policy implications of key social issues. **Aging Around the World** boxes feature cross-cultural research on aging in other cultures. **Diversity in the Aging Experience** boxes describe variations in how people age in the United States, depending on their gender, race, ethnicity, nationality, and cultural

background. Finally, **In Their Own Words** boxes provide first-person accounts of the aging experience.

Looking Back Questions

The questions raised at the beginning of the chapter are answered at the end of the chapter in the **Looking Back** section. These questions and short discussions help students to summarize the main points of each chapter.

Thinking about Aging Questions

A series of thought-provoking questions are designed to stimulate critical thinking and stimulate class discussion.

Exploring the Internet Exercises

The World Wide Web has become an important source of information for students and their instructors. Each chapter concludes with a section called **Exploring the Internet**, which tells students about websites related to the chapter content and provides a series of questions students can answer using materials found on the Internet sites.

This edition has a new discussion of aging and immigration patterns, new information on how caring for elderly parents affects a woman’s risk of poverty, an update on trends in active life expectancy, and an expanded discussion of Parkinson’s disease. This edition also contains a substantial amount of material on how the financial meltdown of the economy in 2008–09 is likely to affect both older people and future generations. Finally, this edition has many new boxed features including the relationship between population aging and terrorism, and the familial relationships of gay men and lesbians in later life.

Chapter-by-Chapter Changes

The Sixth Edition has a substantial amount of new text material. All tables, figures, and charts have been updated, and some exciting new topics have been added to every chapter.

Chapter 1

New *An Issue for Public Policy* feature: Eradicating Ageism in Health Care.

Chapter 2

New *In Their Own Words* feature: Reversing Roles: Children Caring for an Aged Parent.
Updated discussion of life course research.

New research on perceptions of middle age.
New section on qualitative research methods.

Chapter 3

New *In Their Own Words* feature: An Older Gay Man Struggles to Stay Engaged.

Chapter 4

New *In Their Own Words* feature: Maintaining a Cuban Identity.

New *An Issue for Public Policy*: Should SSI for Refugees Be Restored?

Chapter 5

New *In Their Own Words* box: Surviving on Social Security.

New *Aging Around the World*: Restructuring Public Pension Programs in Europe.

Updated statistics on Social Security, Medicare, SSI, and Disability Insurance.

New *An Issue for Public Policy*: How the Affordable Care Act of 2010 Affects Medicare.

Chapter 6

New discussion of neuroendocrine theory.

New *Diversity in the Aging Experience*: Life Expectancy and Health Behaviors among Mormons.

Chapter 7

New *In Their Own Words*: Adjusting to Living with Alzheimer's Disease.

New discussion of coping among Holocaust survivors.

New *An Issue for Public Policy*: Should There Be Mandatory Retirement for Airline Pilots?

Chapter 8

New section on marital quality and health.

New *In Their Own Words* feature: Deciding to Remarry.

Expanded discussion of dating in later life.

Chapter 9

New introduction on aging-in-place.

New section on Naturally occurring retirement communities.

New section on moving to new levels of care in a CCRC.

New *An Issue for Public Policy*: The "Money Follows the Person" Demonstration.

New *In their Own Words*: Staying Independent in a Senior Apartment Complex.

New discussion of LGBT issues in senior housing.

Chapter 10

New *Diversity in the Aging Experience*: Racial and Ethnic Differences in Labor Force Participation.

New *In Their Own Words*: Returning to Work after Retirement.

Updated statistics on retirement patterns.

Chapter 11

New *In Their Own Words*: Staying Healthy through Activity.

New discussion of the Patient Protection and Affordable Care Act of 2010.

New *An Issue for Public Policy*: Benefits for Seniors in the Patient Protection and Affordable Care Act of 2010.

Chapter 12

New *In Their Own Words*: Rescuing a Christmas Ritual.

New discussion of caregiving and allostatic load.

New *Aging Around the World*: Innovative Reforms in Long-Term Care in Western Europe.

Updated discussion of private long-term care insurance.

Chapter 13

New *An Issue for Public Policy*: End-of-Life Decisions in Intensive Care Units.

New *In Their Own Words*: Reconciling to Alzheimer's Disease.

New discussion of the widowhood effect.

Chapter 14

New discussion of public pension reductions in Europe.

New *Aging Around the World*: Strategies for Reducing Public Pensions.

New *In their Own Words*: A Secure Retirement through Long-Term Planning.

Chapter 15

New *Aging Around the World*: Welfare State Restructuring for Gender Equity.

Updated discussion of women's participation in employer pension plans.

Chapter 16

New discussion of how older people voted in the 2010 congressional election.

New *An Issue for Public Policy*: Has Support for Social Security Declined?

New *Aging Around the World*: Politics by Stealth: Reducing Public Pensions in France.

New discussion of age differences in political participation based on Internet use.

SUPPLEMENTS

For the Student

Student's Online Learning Center. This free Web-based student supplement features a variety of helpful resources. Visit www.mhhe.com/quadagno6 for multiple-choice and true-false quizzes, learning objectives, chapter overviews, glossary, and other learning tools.

For the Instructor

Instructor's Online Learning Center. This password-protected Web-based supplement offers access to important instructor support materials and downloadable supplements. Visit www.mhhe.com/quadagno5 for the Instructor's Manual, PowerPoint lecture slides, and all the tools available to students.


ACKNOWLEDGMENTS

In the process of writing this text, I have received help from many people. At McGraw-Hill I am indebted to

Sara Jaeger, my Managing Editor; Lisa Bruflodt, my Senior Production Manager; Karyn Morrison, my Permissions Editor; and Sudeshna Nandy, my Senior Project Manager at Aptara. Others who helped in the production of this edition include Development Editor Nicole Bridge, Editorial Coordinator Adina Lonn, and Media Project Manager Sridevi Palani.

Last but not least, I would like to say a special thank-you to the following individuals who reviewed the manuscript and whose invaluable suggestions resulted in significant improvements:

Russell Avery Ward, University at Albany-SUNY
Nancy A. Orel, Bowling Green State University
Samuel Munanu Mwangi, Kenyatta University
Lesla Huber, Indiana University
Diana Burr Bradley, Western Kentucky University



Part One

DEFINING THE FIELD

ocial gerontology is the study of the social aspects of aging. Among the topics of interest to social gerontologists are family relationships, health, economics, retirement, widowhood, and care of the frail elderly. The chapters in Part One provide a firm grounding in the core issues and key trends in the discipline.

Chapter 1 discusses successful aging, conceptual challenges in aging research, and ageism. It also describes older Americans.

Chapter 2 discusses the concept of the life course and describes various life course transitions that occur as people move into and out of various roles associated with the family and the workplace.

Chapter 3 introduces the major theories of aging. The chapter illustrates how each theory is influenced by the social, economic, and political context of the particular historical era in which it was formulated.

Chapter 4 introduces the fundamental issues of the demography of aging, the study of the basic population processes of fertility, mortality, and migration. The chapter also describes population trends in the United States.

Chapter 1

The Field of Social Gerontology

Chapter Outline

The Field of Gerontology

Defining the Terms

Successful Aging

Conceptual Issues in Research on Aging

Aging Around the World: Successful Aging on the Israeli Kibbutz

Defining Old Age

In Their Own Words: The Botox Diary

Cohorts and Generations

Ageism

Forms of Ageism

An Issue for Public Policy: Eradicating Ageism in Health Care

Perpetuating Ageism through the Media

Diversity in the Aging Experience: Gender and the Double Standard of Aging

A Profile of Older Americans

Health

Marital Status

Income and Poverty

Education

Careers in Social Gerontology

The Gerontological Specialist

Expanding Career Opportunities

Becoming a Gerontological Specialist



This college graduate exemplifies the notion that successful aging involves an active engagement with life.

Looking Ahead

1. What is social gerontology, and how is it related to the broader field of gerontology?
2. How is old age defined, and what difference does the definition make?
3. What is a cohort, and why are social gerontologists interested in cohorts?
4. What is ageism, and how is it perpetuated?
5. How do older men and women differ in terms of marital status?

Over the past half century, rapid increases in life expectancy have made the prospect of living to be 100 years old a reality for more and more people. Would you want to live to be 100? Would society be better if everyone lived to be 100? How would you spend those added years beyond age 65?

If you think about these questions for a few minutes, you will probably conclude that a long life is desirable only if it is a good life. A good life, in turn, means having good health and a meaningful and

respected place in society (Callahan, 1997). Few people would want to live to be 100 if they were fully dependent on others for their most basic needs. Nor would they wish to live so long if they were alone, with no love or companionship. Freedom from disease and disability, an intact mental capacity, and an active engagement with life are the attributes of **successful aging** (McLaughlin et al., 2010).

The first part of this chapter defines gerontology and its subfield social gerontology and describes

how the focus of the field has shifted from an emphasis on the problems of old age to the promotion of successful aging. We will examine how social gerontologists approach their subject conceptually, including the special challenges of defining old age and determining whether an observed outcome is actually the result of aging processes. And we will consider the methods researchers use to meet those challenges. Next, we will see how research findings can help to dispel misconceptions about aging, which often form the basis for discrimination against older people. The chapter closes with a consideration of the practical contributions of research on aging in a changing political climate.

THE FIELD OF GERONTOLOGY

Defining the Terms

Gerontology is the scientific study of the biological, psychological, and social aspects of aging. The field originated late in the nineteenth century, with the new science of **senescence**. Senescence is the application of evolutionary principles to understand decline leading to death in humans and other living organisms. The theory of senescence argued that death is a part of the process of natural selection, a way to weed out the old and worn-out members of a population. The term *gerontology* was coined in 1904 by the immunologist Elie Metchnikoff. During the 1930s the study of gerontology expanded to include the social as well as the biological aspects of aging (Cole, 1992). In 1938 the first interdisciplinary research in social gerontology (Achenbaum, 1996) was published in the book *Problems of Aging*, edited by Edmund Vincent Cowdry.

Social gerontology is a subfield of gerontology. Social gerontologists are concerned mainly with the social, as opposed to the physical or biological, aspects of aging. Among the topics of interest to social gerontologists are family relationships, health, economics, retirement, widowhood, and care of the frail elderly. Social gerontologists not only draw on research from all the social sciences—sociology, psychology, economics, and political science—they also seek to understand how the biological processes

of aging influence the social aspects of aging. The research findings generated by social gerontologists are used in the applied disciplines of social work, public administration, urban and regional planning, and many others to help professionals design and implement programs and policies for aging people in an aging society.

Successful Aging

While early studies tended to focus on the crisis of growing old, social gerontologists now recognize that successful aging depends not just on the prevention of disease and disability, but also on the attainment of peak physical and psychological functioning and participation in rewarding social and productive activities. Instead of taking a negative approach to the problems of aging, social gerontologists are now investigating the factors that create a healthy, fulfilling life in old age (McLaughlin et al., 2010).

Several factors are associated with successful aging. Successful aging is achieved by setting goals and then working to achieve those goals and by participating in meaningful activities (Holahan and Chapman, 2002). Although one might expect that people in poor health would not score high on measures of well-being, one study of 867 people aged 65 to 99 found that many people with chronic health problems still rated themselves as aging successfully (Strawbridge et al., 2002).

Successful aging involves both the individual and society. What should individuals do or avoid doing to age successfully? What social policies and arrangements should society implement to help aging individuals reach their maximum level of functioning? Are certain settings and lifestyles more conducive to healthy aging than others? The “Aging Around the World” feature describes some compelling research linking social arrangements on the Israeli kibbutz to successful aging.

CONCEPTUAL ISSUES IN RESEARCH ON AGING

In studying aging and the life course, social gerontologists are confronted with the same challenges posed by all social science researchers.



Aging Around the World

SUCCESSFUL AGING ON THE ISRAELI KIBBUTZ

What is the secret to a long and happy life? The kibbutz communities in Israel seem to have found the answer. In these Jewish communes, organized around the principles of social solidarity, shared values, mutual dependence, and joint decision making, all members have equal standing, regardless of their age, strength, position, or status. The kibbutz takes responsibility for their lifelong health, material standard of living, and psychological well-being. Members of the kibbutzim give according to their ability and receive according to their needs.

The kibbutzim were established by young pioneer families shortly after the founding of Israel in 1949. Until the mid-1960s, only a small fraction of the residents reached the age of 65. Since the 1980s, however, the kibbutz population has been aging rapidly. Currently more very old Israelis live in the kibbutzim than in the general population. Despite the challenges of an aging population and the lack of preparedness for them, the kibbutzim have proved to be a good place for Israelis to grow old.

Indeed, the aged who currently reside in the 270 Israeli kibbutzim are living proof that societies can provide social arrangements that promote successful aging. First, residents of the kibbutz have more stability in their lives than most older people. The average elderly resident joined the kibbutz at age 29 or 30 and has lived in the same place for more than 40 years. Few older people ever leave the kibbutz. There they are assured of the security of continuous relationships with family and friends, within a community that they know well and that understands their needs and wishes. More than two-thirds of elderly kibbutz residents have at least one adult son or daughter who lives on the same kibbutz. Most not only share birthdays, holidays, and other symbolic life passages with their children and grandchildren, but see their children and grandchildren on a daily basis.

There is no such thing as compulsory retirement on the kibbutz. As people grow old, they gradually reduce the number of hours they work, but continue to serve as part of the workforce as long as they are physically and mentally able. Fully 79 percent of the men and women aged 65 and older who reside in a kibbutz hold jobs, compared to only 18 percent of Israeli men and 6 percent of Israeli women who live outside the kibbutz.

Nor do older kibbutz residents experience the decline in living standards that frequently accompanies retirement. Kibbutz society fulfills the needs of all members, regardless of their contribution. Even the most feeble member enjoys the same standard of living as the most productive worker. For all these reasons, life expectancy is considerably higher among the aged on the kibbutz than among the aged in the general population. On average, kibbutz members live three years longer, and enjoy better health and higher life satisfaction, than other Israelis.

What Do You Think?

1. Would you like to live in a kibbutz with your parents and grandparents? Why or why not?
2. What can we in the United States learn from the experience of the kibbutzim?

Source: Leviatan (1999).

They must define the population to be studied, select the appropriate research method (which may be either qualitative or quantitative), determine that their research instruments are accurate, and perform an analysis of the data. Defining the subject matter may seem to be the least complex issue, but we shall see in the following section that old age may be defined in at least four different ways.

Defining Old Age

When is someone old? Although the question sounds simple, definitions of aging and old age vary widely. In studying older people and individual aging processes, researchers need some marker of age. The choice they make often depends on the nature of the issue under investigation rather than on some abstract conception of old age.

Chronological age One commonly used marker of old age is **chronological age**. Although often useful for making clear decisions about whom to include as subjects in a study, chronological age can also be an arbitrary marker. For example, in the United States 65 is the age that is most often considered old, because that is when people originally became eligible for full Social Security benefits and Medicare. The eligibility age for full Social Security benefits is currently 66 and will gradually rise to 67. Does this mean old age will then be viewed as beginning at 67?

Chronological age also can be a poor indicator of old age, because some people may be “old” at 50, whereas others may seem “young” at 80. Think of Congressman Ron Paul, who ran for president at the age of 76.

Finally, the use of chronological age is problematic because it lumps together people of widely varying generations into a single category. A 65-year-old has as much in common with an 85-year-old in terms of interests and life experiences as the average 20-year-old has in common with a 40-year-old. Why should they both be considered old? Because of these problems, even when chronological age is used as a marker of old age, social gerontologists often divide older people into three subcategories. The **young-old** are people 65 to 74, the **middle-old** are those 75 to 84, and the **oldest-old** are those 85 or older.

Social roles and age Since chronological age may be an inappropriate indicator of old age for some types of research, social gerontologists sometimes define people as old according to the **social roles** they play. Social roles are sets of expectations or guidelines for people who occupy given positions, such as widow, grandfather, or retiree.

Yet playing a role associated with a social position one typically assumes in old age doesn’t mean an individual is old. Some people work at jobs that allow them to retire after a certain number of years of employment. An autoworker, for example, can retire after 30 years. If a young person began working in a factory right out of high school at age 18, he or she would be eligible to retire at 48. Military personnel can retire after 20 years. The same is true of grandparenting. A woman who had a baby in her teens may become a grandparent in her 30s. But being a grandparent, regardless of one’s age, can make a person feel older.

Functional age A third criterion for determining old age is **functional age**. Definitions of functional age are based on how people look and what they can do. In functional terms, a person becomes old when he or she can no longer perform the major roles of adulthood. Among the Inuit Eskimos, for example, a man becomes old at around 50 when he can no longer hunt during the winter. Women become old about a decade later because the roles they perform are less physically strenuous.



Becoming a grandparent means taking on a new social role associated with aging.

Among the Black Carib of Belize, menopause is the marker of old age for women. Thus, a woman may be old at 50, but a man still may be considered middle-aged at 60 (Kerns, 1980).

Functional age also may be measured by such normal physical changes as stiffness of joints, diminished short-term memory, reduced skin elasticity, and diminished aerobic capacity. People not only age in different ways and at different speeds, but different parts of the same person may age at different rates as well. A physically fit marathon runner might have a severe hearing loss. A 54-year-old man might be able to run longer (though probably not faster) than his 23-year-old son (Staehelin, 2005).

Finally, functional age may be determined by appearance. Gray hair and wrinkles are physical features we associate with old age. Yet in today's world, hair dye and face-lifts can alter appearances so dramatically that the normal signs of physical aging can be largely obscured. For these reasons, functional criteria may be misleading.

To better classify people by their functional capacities, gerontologists have devised three categories: "well," "somewhat impaired," and "frail." The **well elderly** are people who are healthy and active. They are involved in social and leisure activities and are often employed or busy with volunteer work. They carry out family responsibilities and are fully engaged in the life of the community. The **somewhat impaired elderly** are those in a transitional stage. They are beginning to experience chronic ailments and need some assistance from family or community service agencies. Although they can participate in many aspects of life, they may need support in transportation, shopping, cleaning, or personal care. Finally, there are the **frail elderly**. They show some mental or physical deterioration and depend on others for carrying out their daily activities. They need more care from family members and may be in institutions. Yet even the frail elderly can improve. One study of institutionalized older men and women in France found that participating in tai chi improved both their mental and physical functioning (Deschamps et al., 2009).

Subjective age Some of the limitations associated with functional aging can be compensated for

easily. A person can make lists of things to do, wear bifocal glasses, and exercise regularly. People who are successful in compensating for functional limitations are able to maintain a **subjective age identity** of themselves as young. This is in keeping with folk wisdom, which says you're as young as you feel.

The most important factors in subjective age identity are activity level and health. Older people who do define themselves as old can often pinpoint a particular incident (e.g., a heart attack or a hip fracture after a fall) that made them feel old. The health problems need not be dramatic. Tiring more easily or feeling stiff upon awakening in the morning can make a person recognize that he or she is aging (Staehelin, 2005).

Subjective age identity also appears to be influenced by social class. Compared with their wealthier counterparts, people of lower socioeconomic status view the onset of old age as occurring at a younger age. They are more likely to classify themselves as "old" or "elderly" and more likely to feel older than their chronological age. The main reason for these perceptions, however, is that they have more pessimistic feelings about their health (Barrett, 2003). Health is the most important factor in determining subjective age identity.

Subjective age identity is also influenced by gender. Many studies find that women hold more youthful age identities than men. One explanation is that women are often evaluated on the basis of their physical attractiveness or reproductive potential. As a result, aging has negative connotations for them. Aging men, by contrast, are more likely to be viewed as having greater competence and autonomy. Men's earnings also tend to peak in middle age. Thus, aging has more positive connotations for men (Barrett, 2005).

Women's fear of looking old has created a growing market for plastic surgery and other cosmetic enhancements. In the "In Their Own Words" feature, a woman in her 40s explains what measures she has taken to look younger.

Regardless of what definition of age a person chooses, tremendous variability exists from individual to individual. The point is not that it is impossible to define old age but rather that the definition social gerontologists use depends on what they want to know.



In Their Own Words

The Botox Diary

I'm in my forties and have known I would have cosmetic surgery for a very long time. My mother had a face-lift and many of my friends have had various procedures performed as well. I travel a great deal and have interviewed several surgeons. A friend suggested I interview an enhancement.com doctor. I went to the consultation and the surgeon spent over two hours answering my questions and addressing my

concerns. By the end of my appointment, I knew I had found the right doctor for me. My doctor told me that Botox would be able to take care of the large crow's feet near my eyes. It hurt a little, but my crow's feet were gone 72 hours later! . . . You have to love that.

Source: King and Calasanti (2006:148).

Once social gerontologists have established how they are going to identify their subject matter, they must then decide how to interpret their research findings. One of the most complex issues they face is distinguishing *age changes* from *age differences*.

Cohorts and Generations

Age changes occur in individuals over time, whereas age differences are ways one age group differs from another. It is often difficult to tell whether an observed outcome is due to an age change in individuals or to an age difference between groups. To help identify age differences, social gerontologists use the concept of a **cohort**. A cohort is the "aggregate of individuals who experienced the same event within the same time interval" (Ryder, 1965:845). Most studies use age cohorts, defined as all individuals born into a population during a specific time period (Uhlenberg and Miner, 1996). But a cohort also can consist of people who enter a particular system at the same time. All college freshmen, for example, regardless of their ages, represent a cohort (Riley, 1995). Youth appears to be an impressionable period of the life course compared with other ages. When older people are asked to recall memorable periods in their lives, they often

describe experiences from their adolescence or from early adulthood. What is your most memorable experience? Do you believe that youthful memories are most salient? The process of **cohort aging** "is the continuous advancement of a cohort from one age category to another over its life span" (Uhlenberg and Miner, 1996:208). When the last member of that birth cohort dies, it is extinguished.

Sometimes the terms *cohort* and **generation** are used interchangeably. Usually, however, social scientists reserve the term *generation* for studies of family processes. In this sense, then, generation refers to kinship linkages. For example, a four-generation study would typically include great-grandparents, grandparents, children, and grandchildren (Bengtson et al., 1990).

There are many forces that create cohort differences in aging. They include the composition of a cohort as well as the interplay between human lives and large-scale social change. Foremost among these forces is the fact that each cohort lives through its own slice of history.

Historical change People may be classified as belonging to a cohort according to historical eras. Differences in the year of birth expose people to different historical worlds with varying

opportunities and constraints (Elder, 1994). The impact of history on a cohort was captured by the prominent sociologist Everett Hughes (1971), who wrote, “Some people come to the age of work when there is no work, others when there are wars. . . . Such joining of a man’s life with events, large and small, are his unique career, and give him many of his personal problems” (p. 48). We call the distinctive experiences that members of a birth cohort share and that shapes them throughout their lives a **cohort effect** (see Chapter 2). For example, people who grew up during the Great Depression of the 1930s may be more cautious about spending money than people who grew up during the 1990s.

We can identify six distinct birth cohorts in the twentieth century. The oldest, born between 1900 and 1926, are called the “swing generation.” Next comes the “silent generation,” born between 1927 and 1945. The biggest cohort, the “baby boomers,” includes all those who were born between 1946 and 1964. They were followed by the “baby bust cohort,” born between 1965 and 1976. The next cohort is made up of the 72 million “echo boomers.” They are the children of the baby boomers, born between 1977 and 1994. The oldest echo boomers have completed their education, entered the workplace, and started families. The youngest are in college. We have much to learn about how changing historical events will shape these children of the computer age. The most recent cohort, the millennials, were born between 1995 and 2005. Some are just starting college.

How different were the formative years of the silent generation from those of the baby boom generation? John Clausen (1993) described what life was like in the 1920s and 1930s:

Automobiles were just becoming common on the streets. . . . Radios began to appear. . . . Women’s hair was bobbed and sexual mores flouted in the flapper age as skirts went up and inhibitions went down. . . . Then came the stock market crash of 1929 and the most prolonged economic depression the country had ever experienced. (p. 9)

The silent generation grew up during the Depression, and those early experiences made an



Many members of the silent generation are veterans of World War II.

indelible imprint on their lives in the context of lost opportunities for education and employment. Many of the stereotypes we hold about the aged as having little money or being in poor health derive from the real deprivation experienced by the silent generation. Many members of this generation made great sacrifices in World War II.

As the baby boomers came of age, their lives were forever transformed by the civil rights movement, the women’s liberation movement, and the anti-Vietnam War movement, which uprooted traditional social institutions and social norms. Arlene Skolnick (1991) described the 1960s:

[B]etween 1965 and 1975 the land of togetherness became the land of swinging singles, open marriages, creative divorce, encounter groups, alternative lifestyles, women’s liberation, the Woodstock nation, and the “greening of America.” A land where teenage girls wore girdles even to gym class became a land of miniskirts, bralessness, topless bathing suits, and nude beaches. (p. 4)

Since the the first baby boomers turned 60, they have provide gerontologists with a large sample that can be studied to determine how these early experiences will shape their lives as they grow old.

Compositional differences Another aspect that distinguishes one cohort from another is its composition and character. Cohorts vary in their racial, gender, and ethnic composition. For example, the cohort born in 1910 consists of many