

Dictionary of
GERONTOLOGY

Diana K. Harris

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Preface

Gerontology is one of the newest and most rapidly growing fields of inquiry. Accompanying the growth of any new field is the development of its own special language. Gerontology is no exception. Precise concepts and terms are not only needed to carry on a scientific discussion, but their formulation leads to increased ideas and knowledge.

This dictionary has a twofold purpose: (1) to further the development of a specialized gerontological terminology; and (2), because of the multidisciplinary nature of gerontology, to assist students, scholars, researchers, and practitioners in the field in understanding the terminology that is used in the various disciplines that gerontology encompasses.

A number of features have been incorporated in this dictionary to increase its effectiveness as a reference tool and to make it more "user friendly." The most unique and distinctive feature of this work is that it does double duty by serving both as a dictionary and a detailed bibliography. At least one complete reference, often three or four, immediately following each entry, is given for every term contained in this work. This placement eliminates the chore of repeatedly turning to the back of the book to look up references. In those cases where terms are not limited to the field of aging, first general references are given in chronological order, followed by specific references to aging also in chronological order.

A dual cross-referencing system also has been provided. First, terms within an entry that are themselves the subjects of definitions in their proper alphabetical place are followed by an asterisk. Second, related and relevant terms are listed at the end of most entries. Another feature of this work is that whenever possible the name of the person who originated the term is given along with the date when it was first used. As an additional aid to the user, this dictionary contains some of the most important and most commonly used statistical and research terms in gerontology.

All terms are defined as clearly and concisely as possible with the minimum amount of jargon. In most cases, examples or short sentences are given to further clarify the definition or to show the relationship to aging. Commonly used synonyms are also included in many of the entries. Since all the entries have been written by one author, there is a consistency of style and a continuity of coverage throughout this volume.

The entries all appear in alphabetical order. Compound terms and

phrases are not inverted (e.g., primary group is listed under primary group and not group, primary). Some entries are more lengthy than others because of the listing of the various usages of the term or because additional information is given.

I am grateful to Erdman Palmore, who reviewed the manuscript. I have benefited greatly from his suggestions. In addition, in the two years that I have spent working on this volume, my respect and admiration for such men as Samuel Johnson and Noah Webster have increased enormously.

Timetable of Important Developments

- 1935 Passage of the Social Security Act
- 1943 First senior center established (New York City)
- 1945 Gerontological Society of America
- 1946 Friendly Visitors Program
- 1947 National Retired Teachers Association (NRTA)
- 1950 National Council on the Aging (NCOA)
- 1956 Reduced social security benefits for women at age 62
- 1958 American Association of Retired Persons (AARP)
- 1961 First White House Conference on Aging (WHCOA)
Special Committee on Aging, U.S. Senate
National Council of Senior Citizens (NCSC)
Reduced social security benefits for men at age 62
- 1964 National Association of State Units on Aging (NASUA)
- 1965 Older Americans Act (OAA)
Administration on Aging (AoA)
Medicare and Medicaid
Foster Grandparent Program (FGP)
Service Corps of Retired Executives (SCORE)
Green Thumb
- 1967 Age Discrimination in Employment Act (ADEA) covering workers between the ages of 40 and 65
- 1970 Gray Panthers
- 1971 Second White House Conference on Aging (WHCOA)
ACTION agency
Retired Senior Volunteer Program (RSVP)
- 1972 National Nutrition Program for the Elderly
Day Care Centers
- 1973 Area Agencies on Aging (AAA)
Federal Council on Aging
- 1974 Employee Retirement Income Security Act (ERISA)
Supplemental Security Income (SSI)
Association for Gerontology in Higher Education (AGHE)
National Institute on Aging (NIA)
Senior Companions Program (SCP)

- 1975 Age Discrimination Act (ADA)
Ombudsman program for long-term care institutions
- 1976 First hospice in the United States
- 1978 Amendments to Age Discrimination in Employment
Act of 1967 (ADEA) raising upper age limit to 70
- 1981 Third White House Conference on Aging (WHCOA)
- 1986 Amendments to Age Discrimination in Employment
Act of 1967 (ADEA) removing upper age limit

All of the above legislation, organizations, and programs on aging are defined alphabetically in this book.

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A

academic gerontology. An area of study that focuses on an empirical description of the aging processes and the situation of the elderly population. (David A. Peterson and Christopher R. Bolton. *Gerontology Instruction in Higher Education*. New York: Springer, 1980; Clark Tibbitts et al. *Academic Gerontology: Dilemmas of the 1980s*. Ann Arbor: Institute of Gerontology, University of Michigan, 1980.)

accessory apartments. The conversion of surplus space in an existing single-family home into a separate living unit with its own kitchen, bathroom, and often its own entrance. Also referred to as "mother-in-law apartments." (Norma Blackie, Jack Edelstein, Pamela S. Matthews et al. *Alternative Housing and Living Arrangements for Independent Living*. National Policy Center on Housing and Living Arrangements for Older Americans. Ann Arbor: University of Michigan Institute of Gerontology, 1982; P. H. Hare, S. Connor, and D. Merriam. *Accessory Apartments: Using Surplus Space in Single Family Houses*. Chicago: American Planning Association, 1982.)

accidental hypothermia. An unexpected drop in body temperature below 95°F. or 35°C., which may occur after prolonged exposure to cold or even mildly cool temperatures. Older persons may become hypothermic with indoor temperatures lower than 60°F. and sometimes even lower than 65°F. Hypothermia is characterized by impaired speech, lethargy, and disorientation.* Coma and even death may result if the environment is not changed. (R. W. Besdine. "Accidental Hypothermia: The Body's Energy Crisis." *Geriatrics*, 1979, 34, pp. 51-59; Nicholas Rango. "The Social Epidemiology of Accidental Hypothermia among the Aged." *The Gerontologist*, 1985, 25, pp. 424-30.)

acculturation. (1) The process by which individuals or groups modify their culture* through direct and continuous contact with another culture. (2) The term is also used to describe the outcome of such a contact. The meeting of two cultures usually produces a clash of values and creates conflict between the minority group elderly of the first generation* and their families, which may last through several generations; for example, see Christie W. Kiefer's account of aging Japanese immigrants in San Francisco. (3) Occasionally used to designate the process of transmitting culture

from one generation to the next. ("Memorandum for the Study of Acculturation," *American Anthropologist*, 1936, 38, pp. 149-52; Christie W. Kiefer. "Lessons from the Issei." In Jaber F. Gubrium, ed., *Late Life: Communities and Environmental Policy*. Springfield, Ill.: Charles C. Thomas, 1974, pp. 167-97; Donald E. Gelfand. *Aging: The Ethnic Factor*. Boston: Little, Brown, 1982; Lowell D. Holmes. *Other Cultures, Elder Years: An Introduction to Cultural Gerontology*. Minneapolis, Minn.: Burgess, 1983.) See also assimilation, socialization.

accumulative waste theory. According to this nongenetic cellular theory of aging, waste products and harmful substances that cannot be eliminated build up in the cells and in time interfere with their normal metabolism and eventually lead to cell death. (Nathan W. Shock. "Biological Theories of Aging." In James E. Birren and K. Warner Schaie, eds., *Handbook of the Psychology of Aging*. New York: Van Nostrand Reinhold, 1977, pp. 103-15.)

achieved status. A status* that is filled through competition and individual effort, as opposed to ascribed status,* which is assigned to persons on the basis of age, sex, and other factors and over which they have no control. Examples of achieved statuses are a spouse, a college graduate, or a retiree. (Ralph Linton. *The Study of Man*. New York: Appleton-Century-Crofts, 1936.)

ACTION. This federal volunteer agency was established in 1971 under a reorganization plan that consolidated seven existing volunteer programs into a single agency. ACTION programs allow for part-time and full-time service with some volunteers serving on stipends and others on a nonpaid basis. The Office of Older American Volunteer Programs (OAVP), a part of the ACTION agency, manages the Foster Grandparent Program (FGP),* the Retired Senior Volunteer Program (RSVP),* and the Senior Companion Program (SCP).* (Catherine B. Healy. "Volunteer Services Rendered by the Aging." In Lorin Baumhover and Joan D. Jones, eds., *Handbook of American Aging Programs*. Westport, Conn.: Greenwood, 1977; U.S. Senate. *Developments in Aging: 1984*. Vol. 1. A Report of the Special Committee on Aging. Washington, D.C.: U.S. Government Printing Office, 1985; ACTION, 806 Connecticut, N.W., Washington, D.C. 20525.)

Action for Independent Maturity (AIM). A division of the American Association of Retired Persons (AARP),* which was created in 1972 for the purpose of providing preretirement planning information and assistance to persons between the ages of 50 and 64. AIM has developed a complete series of preretirement planning programs* which are available to organizations and employers. (Steve Mehlman and Duncan Scott. "The Advocacy Role of

NRTA-AARP." In Lorin Baumhover and Joan D. Jones, eds., *Handbook of American Aging Programs*. Westport, Conn.: Greenwood Press, 1977, pp. 161-71.)

Active Corps of Executives (ACE). This program uses executives and professionals who are still active in the business world as consultants to small businesses that are just getting started or are having operational problems. (Frances Tenenbaum. *Over 55 Is Not Illegal: A Resource Book for Active Older People*. Boston: Houghton Mifflin, 1979.) *See also* Service Corps of Retired Executives.

active euthanasia. The deliberate termination of the life of a patient who is hopelessly ill or nonfunctional. The most common method is for the physician to increase the dosage of pain-killing drugs to the extent that the medication becomes toxic. Also referred to as "mercy killing." (Wayne Sage. "Choosing the Good Death." *Human Behavior*, June 1974, pp. 16-23; John A. Behnke and Sisela Bok, eds. *The Dilemmas of Euthanasia*, Garden City, N.Y.: Anchor Books, 1975.) *See also* passive euthanasia.

Activities of Daily Living, Index of (ADL). Developed by S. Katz and his associates to assess personal self-maintenance in the elderly, this scale focuses on the unaided performance of six basic personal care activities: eating, toileting, dressing, bathing, transferring (e.g., getting in and out of bed), and continence. Ratings are done both by the observer and the patient and are limited to the present and a two-week period preceding the assessment. Also called physical ADL (PADL). (S. Katz et al. "Studies of Illness in the Aged: The Index of ADL—A Standardized Measure of Biological and Psychosocial Function." *Journal of the American Medical Association*, 1963, 185, pp. 914-19; S. Katz et al. "Progress in the Development of the Index of ADL." *The Gerontologist*, 1970, 10, pt. 1, pp. 20-30.) *See also* Instrumental Activities of Daily Living Scale, Older Americans Resources and Services Multidimensional Functional Assessment Questionnaire.

activity theory. Often referred to as the "common-sense theory" of aging, the activity theory stresses a continuation of role performances and asserts that the more active older persons are, the higher their life satisfaction and morale. According to this theory, older persons who age optimally are those who find substitutes for the activities and roles that they are forced to relinquish. In this way, they stay active and resist the narrowing of their social world. (Robert J. Havighurst. "Successful Aging." *The Gerontologist*, 1961, 1, pp. 8-13; Robert J. Havighurst, Bernice L. Neugarten, and Sheldon S. Tobin. "Disengagement and Patterns of Aging." In B. Neugarten, ed., *Middle Age and Aging*. Chicago: University of Chicago Press, 1968, pp. 161-72; Bruce W. Lemon, Vern L. Bengtson, and James A. Peterson. "An

Exploration of the Activity Theory of Aging: Activity Types and Life Satisfaction among In-movers to a Retirement Community.” *Journal of Gerontology*, 1972, 27, pp. 511-23.) *See also* disengagement theory; Kansas City Studies of Adult Life.

acute care. Care that is provided within a hospital or similar setting. About 60 percent of all hospital beds are occupied by older persons. (Theodore H. Koff. *Long-Term Care: An Approach to Serving the Frail Elderly*. Boston: Little, Brown, 1982; Terry Fulmer, June Ashley, and Catherine Reilly. “Geriatric Nursing in Acute Settings.” In Carl Eisendorfer, ed., *Annual Review of Gerontology and Geriatrics*. Vol. 6. New York: Springer, 1986, pp. 27-80.)

acute disease. A pathological condition of a definite and rapid onset, short-term in duration, and pronounced symptoms that usually respond well to the use of drugs or therapy. Examples are a cold or influenza. In general, older persons have fewer afflictions with acute disorders than younger persons. (C. S. Kart, E. S. Metress, and J. F. Metress. *Aging and Health: Biologic and Social Perspectives*. Menlo Park, Calif.: Addison-Wesley, 1978.) *See also* chronic disease; disease.

adaptation. (1) In biology, where the term originated, it refers to any change in an organism that makes it better suited to its environment. (2) The way in which an individual or group fits into its social or physical environment. Sometimes used interchangeably with “coping,” which is a form of adaptive behavior. The relationship between aging and successful adaptation is one of the most persistent and widely studied issues in the field of aging. (3) A temporary change in the responsiveness of a sense organ. (R. W. White. “Strategies of Adaptation: An Attempt at Systematic Description.” In G. V. Coelho, D. A. Hamburg, and J. E. Adams, eds., *Coping and Adaptation*. New York: Basic Books, 1974; Ewald W. Busse and Eric Pfeiffer. *Behavior and Adaptation in Late Life*. Boston: Little, Brown, 1977; Eric Pfeiffer, “Psychopathology and Social Pathology.” In James E. Birren and K. Warner Schaie, eds., *Handbook of the Psychology of Aging*. New York: Van Nostrand Reinhold, 1977, pp. 650-71.) *See also* adjustment.

adaptive paranoia (in old age). A term first used by Morton A. Lieberman to describe a pattern of combativeness and grouchiness used by some elderly persons as a survival technique. (M. A. Lieberman. “Some Issues in Studying Psychological Predictors of Survival.” In Erdman B. Palmore and F. C. Jeffers, eds., *Prediction of Life-span*. Lexington, Mass.: D. C. Heath, 1971, pp. 167-79.)

addiction. A physiological dependence on a chemical substance to the point where withdrawal symptoms occur if it is removed. (S. Zimberg. “The

Elderly Alcoholic." *The Gerontologist*, 1974, 14, pp. 222-24; D. M. Peterson, F. J. Whittington, and E. T. Beer. "Drug Use and Misuse among the Elderly." *Journal of Social Issues*, 1979, 9, pp. 5-26; Alexander Simon. "The Neuroses, Personality Disorders, Alcoholism, Drug Use and Misuse, and Crime in the Aged." In James E. Birren and R. Bruce Sloane, eds., *Handbook of Mental Health and Aging*. Englewood Cliffs, N.J.: Prentice-Hall, 1980, pp. 653-70; Brian L. Mishara and Robert Kastenbaum. *Alcohol and Old Age*. New York: Grune & Stratton, 1980.)

adjustment. (1) The relationship an organism has with its environment. (2) A process in which an individual has a harmonious relationship with his or her social or physical environment; the end result of adaptation. Influences on good adjustment of older persons include health and personal security, independent action, group membership and social experience, and worthwhile activity (W. Donahue and E. E. Ashley). (Ruth S. Cavan. "Self and Role in Adjustment during Old Age." In Arnold M. Rose, ed., *Human Behavior and Social Processes*. Boston: Houghton Mifflin, 1962, pp. 526-36; Irving Rosow. "Adjustment of the Normal Aged." In Richard H. Williams, Clark Tibbitts, and Wilma Donahue, eds., *Processes of Aging: Social and Psychological Perspectives*. Vol. 2. New York: Atherton Press, 1963, pp. 195-223; W. Donahue and E. E. Ashley. "Housing and the Social Health of Older People in the United States." In A. A. Katz and J. S. Felton, eds., *Health and the Community*. New York: The Free Press, 1965, pp. 149-63; Hans Thoma. "Personality and Adjustment to Aging." In James E. Birren and R. Bruce Sloane, eds., *Handbook of Mental Health and Aging*. Englewood Cliffs, N.J.: Prentice-Hall, 1980, pp. 285-309.) See also personal adjustment.

ADL. See Activities of Daily Living, Index of.

Administration on Aging (AoA). Located within the Department of Health and Human Services, the AoA is the principal agency for carrying out the Older Americans Act* of 1965. Its functions and duties include developing and conducting research in the field of aging, coordinating and assisting federal, state, and local agencies in planning and developing programs for older persons, and the dissemination of information relating to the problems of the elderly. (Lorin A. Baumhover and Joan D. Jones, eds. *Handbook of American Aging Programs*. Westport, Conn.: Greenwood, 1977.)

adult day care. See day-care center/geriatric day hospital.

adult education. Education for and of the older adult had its beginnings in the latter half of the 1940s when the National Education Association established a Committee on Education and Aging. Adult education became

firmly established when it was officially recognized by the 1961 White House Conference on Aging.* Since 1974 the education of the older adult has been one of the most rapidly growing areas in the field of lifelong learning.* Educational services available to older persons include programs at senior citizens centers, libraries, and museums as well as regular courses at colleges and universities for credit and noncredit. Many universities and colleges, especially community colleges, offer programs designed for older persons. (Howard Y. McClusky. "Education for Aging: The Scope of the Field and Perspectives for the Future." In D. Mason and S. Brabowski, eds., *Learning for Aging*. Washington, D.C.: Adult Education Association of the USA, 1974; Howard Y. McClusky. "Education for Older Adults." In Carl Eisdorfer, ed., *Annual Review of Gerontology and Geriatrics*. Vol. 3. 1982, pp. 403-28.) *See also* educational gerontology, Elderhostel, Institute for Retired Professionals, Institutes of Lifetime Learning, lifelong learning.

adult progeria. *See* progeria.

adult protective services. *See* protective services.

adult socialization. "The process of inculcating new values and behavior appropriate to adult positions and group memberships" (Irving Rosow). Examples of adult socialization include becoming a husband, an employee, or a retiree. (Orville G. Brim, Jr., and Stanton Wheeler. *Socialization after Childhood: Two Essays*. New York: John Wiley, 1966; Matilda W. Riley et al. "Socialization for the Middle and Later Years." In David A. Goslin, ed., *Handbook of Socialization Theory and Research*. Chicago: Rand McNally, 1969, pp. 951-82; Irving Rosow. *Socialization to Old Age*. Berkeley: University of California Press, 1974.) *See also* socialization.

Adults Only Movement in Arizona. Started in 1973, this movement, composed of older persons, was successful in influencing the passage of legislation to legalize adult communities in the state. Its success was linked to the emerging aging subculture* within adult and retirement communities. (William A. Anderson and Norma D. Anderson. "The Politics of Age Exclusion: The Adults Only Movement in Arizona." *The Gerontologist*, 1978, 18, pp. 6-12.)

adult stability model. This model asserts that once an individual has reached maximum levels of performance or learning, behavior tends to remain stable for the remainder of one's life. (K. Warner Schaie. "Methodological Problems in Descriptive Developmental Research in Adulthood and Aging." In J. R. Nesselroade and H. W. Reese, eds., *Life-Span Developmental Psychology: Methodological Issues*. New York: Academic Press, 1973.)