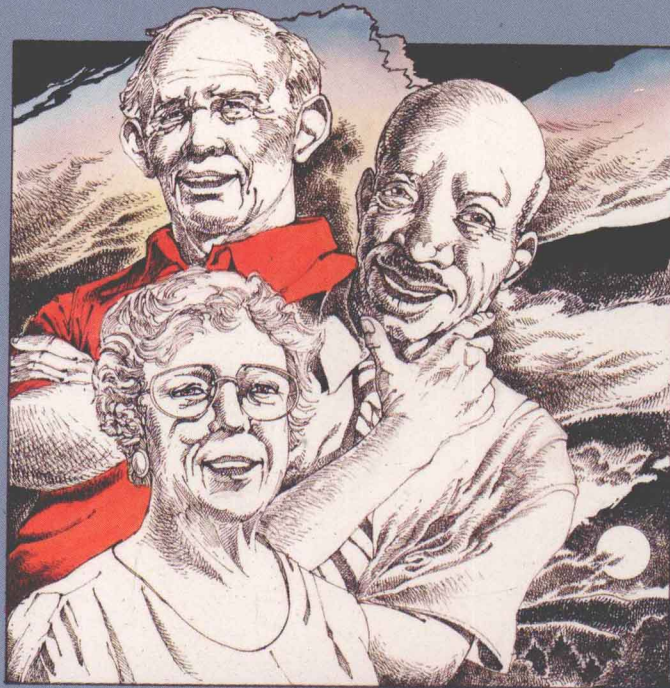


Annual Editions

AGING

Ninth Edition



AGING

Ninth Edition

Editor

Harold Cox
Indiana State University

Harold Cox, professor of sociology at Indiana State University, has published several articles in the field of gerontology. His paper "Priority Needs of Rural Elderly," coauthored by Gurmeet Sekhon, was part of the official proceedings of the 1981 White House Conference on Aging. He is a member of the Gerontological Society and the American Sociological Association—Occupation and Professions Section, and Youth and Aging Section.

Cover illustration by Mike Eagle

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To the Reader

In publishing ANNUAL EDITIONS we recognize the enormous role played by the magazines, newspapers, and journals of the *public press* in providing current, first-rate educational information in a broad spectrum of interest areas. Within the articles, the best scientists, practitioners, researchers, and commentators draw issues into new perspective as accepted theories and viewpoints are called into account by new events, recent discoveries change old facts, and fresh debate breaks out over important controversies.

Many of the articles resulting from this enormous editorial effort are appropriate for students, researchers, and professionals seeking accurate, current material to help bridge the gap between principles and theories and the real world. These articles, however, become more useful for study when those of lasting value are carefully collected, organized, indexed, and reproduced in a low-cost format, which provides easy and permanent access when the material is needed. That is the role played by *Annual Editions*. Under the direction of each volume's Editor, who is an expert in the subject area, and with the guidance of an Advisory Board, we seek each year to provide in each ANNUAL EDITION a current, well-balanced, carefully selected collection of the best of the public press for your study and enjoyment. We think you'll find this volume useful, and we hope you'll take a moment to let us know what you think.

The decline in the crude birth rate combined with ever-improving food supplies and sanitation and medical technology is partly responsible for keeping most people alive and healthy well into their retirement years. The result is a shifting age composition of the population—a population composed of fewer people under age 20 and more people 65 years old and older.

In 1900, approximately 3 million Americans were 65 years old and older, and they comprised 4 percent of the population. Currently, there are 31 million persons 65 years old and older, and they represent 12.5 percent of the total population. The most rapid increase in older persons is expected between 2010 and 2030 when the "baby boom" generation reaches 65. Demographers predict that by 2030 there will be 66 million older persons representing approximately 22 percent of the total population. The growing number of older persons in the population has made many of the problems of aging immediately visible. These problems have become widespread topics of concern for political leaders, government planners, and the average citizen.

Moreover, the aging of the population has not only become a phenomenon of the United States and the industrialized countries of Western Europe, but it is also occurring in the underdeveloped countries of the world as well. An increasing number and percentage of the world's population are now defined as aged.

Today almost all middle-aged people expect to live to retirement age and beyond. Both the middle-aged and the elderly have pushed for solutions to the problems confronting older Americans. Everyone seems to agree that granting the elderly a secure and comfortable status is desirable. Voluntary associations, communities, and state and federal governments have committed themselves to improving the lives of older persons.

The change in the age composition of the population has not gone unnoticed by the media or the academic community. The number of articles appearing in the popular press and professional journals concerning the problems and opportunities confronting older persons has increased dramatically over the last several years. While scientists have been concerned with the aging process for some time, in the last two decades there has been an expanding volume of research and writing on this subject. This growing interest has resulted in the ninth edition of *Annual Editions: Aging*.

This volume is representative of the field of gerontology in that it is interdisciplinary in its approach, including articles from the biological sciences, medicine, nursing, psychology, sociology, and social work. The articles are taken from the popular press, government publications, and scientific journals. They represent a wide cross section of authors, perspectives, and issues related to the aging process. They were chosen because they address the most relevant and current problems in the field of aging and present a variety of divergent views on the appropriate solutions to these problems. The topics covered include demographic trends, the aging process, longevity, social attitudes toward old age, problems and potentials of aging, retirement, death, living environments in later life, and social policies, programs, and services for older Americans. The articles are organized into an anthology useful for both the student and the teacher.

The goal of this edition was to choose articles that are pertinent, well written, and helpful to those concerned with the field of gerontology. Comments, suggestions, or constructive criticism are welcomed to help improve future editions of this book. Please fill out the article rating form on the last page of this volume. Any anthology can be improved. This one will continue to be—annually.



Harold Cox
Editor

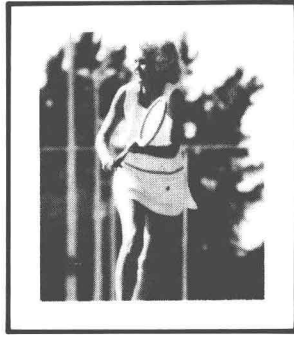


Unit 1

The Phenomenon of Aging

Six selections examine the impact of aging on the individual, the family, and society.

| | |
|--|----|
| To the Reader | iv |
| Topic Guide | 2 |
| Overview | 4 |
| 1. Can You Live Longer? What Works and What Doesn't, <i>Consumer Reports</i> , January 1992. | 6 |
| The search for the fountain of youth has been eternal. This article critically examines what are and what are not reasonable ways to boost the odds of a longer life . | |
| 2. How Old Is Old? Abe Brown, <i>Current Health</i> 2, December 1991. | 15 |
| Abe Brown observes that good health and good aging do not happen automatically. He then points out what each individual can do to live a healthy and long life. | |
| 3. AoA Announces the National Eldercare Campaign, Joyce T. Berry, <i>Aging</i> , No. 362, 1991. | 19 |
| By the year 2030, the population of the entire country will look like Florida's, with 28 percent of Americans over the age of 60. The steps the nation needs to take in preparing for this dramatic increase in the older population are outlined in this article. This is all part of a campaign directed by the Administration on Aging to organize community support for all older Americans who prefer to live independently. | |
| 4. The Graying of America, Cheryl McLean, <i>The Oregon States</i> , February 1988. | 22 |
| Cheryl McLean compares various biological theories of aging and outlines life-style practices and patterns that can increase the probability of a long life. | |
| 5. Exercise Isn't Just for Fun, <i>Aging</i> , No. 362, 1991. | 29 |
| Although only one in four older persons exercise regularly, studies consistently show the health benefits of exercise . In a study by the University of Michigan public health specialists, older persons with arthritis, hypertension, heart disease, and diabetes all grew worse from inactivity. Exercising for a half hour twice a week significantly increased the health and mobility of men and women with serious chronic ailments. | |
| 6. Why We Get Old, <i>Harvard Medical School Health Letter</i> , October 1992. | 32 |
| This article outlines the biological changes that take place as humans age. There is a discussion of the aging process and how it affects each of the basic biological functions. | |

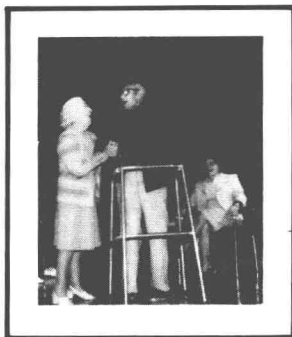


Unit 2

The Quality of Later Life

Six selections consider the implications of living longer, as well as the physiological and psychological effects of aging.

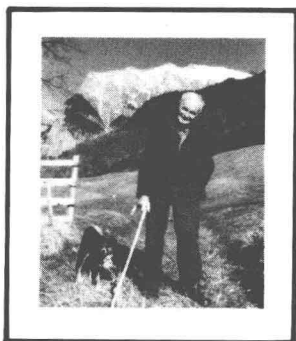
| | |
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| 7. A New Life for the Old: The Role of the Elderly in the Bahamas , Joel Savishinsky, <i>The World & I</i> , March 1991. Aging in the Bahamas is not likely to include retirement. Elderly people remain productive members of the community. Joel Savishinsky delineates the <i>life-style</i> and community involvement of elderly people there. | 38 |
| 8. To Find a Way to Age in Health , David Holzman, <i>Insight</i> , April 10, 1989. As medical science solves some health problems, allowing Americans a longer life expectancy, to what degree are we alleviating human misery and to what degree are we increasing it? Are people living longer only to suffer more years of debility or a more painful death? The author describes ways we can live longer and <i>remain in good health</i> . | 45 |
| 9. Sexuality and Aging: What It Means to Be Sixty or Seventy or Eighty in the '90s , Mayo Clinic Health Letter, February 1993. <i>The maintenance of intimate relationships</i> in later life is the topic of this article. Included in the discussion are the means of achieving both nonsexual and sexual intimacy. | 51 |
| 10. Religiosity, Aging, and Life Satisfaction , Harold Cox and André Hammonds, <i>Journal of Religion and Aging</i> , Vol. 5, Nos. 1/2, 1988. Studies of <i>religiosity and life satisfaction</i> indicate that those persons who attend church experience greater life satisfaction and are better adjusted than those who do not. The authors suggest that the church becomes a focal point of social integration and activity for the elderly, providing them with a sense of community and well-being. | 56 |
| 11. Roles for Aged Individuals in Post-Industrial Societies , Harold G. Cox, <i>International Journal of Aging & Human Development</i> , Vol. 30 (1), 1990. The post-industrial society will alter the ethic that demanded total commitment to the work role and viewed recreation and leisure as a waste of time and sinful. Recreation, leisure, education, and other emerging roles will be seen as enriching the <i>quality of life</i> . | 62 |
| 12. Older Widows and Independent Lifestyles , Shirley L. O'Bryant, <i>International Journal of Aging & Human Development</i> , Vol. 32(1), 1991. A study of older widows was conducted to determine the importance of independent and individualistic orientations to problem solving and successful <i>adjustment to widowhood</i> . The results indicated that neither high levels of self-sufficiency nor of male-task sufficiency were related to the widows' life satisfaction. | 67 |



Unit 3

Societal Attitudes Toward Old Age

Four selections discuss societal attitudes of discrimination toward the elderly, sexuality in the later years, and institutionalization.



Unit 4

Problems and Potentials of Aging

Eight selections examine some of the inherent medical and social problems encountered by the aged, including the dynamics of poverty and elder abuse.

Overview

72

13. **In Search of a Discourse on Aging: The Elderly on Television**, John Bell, *The Gerontologist*, Vol. 32, No. 3, June 1992.

74

John Bell observes how earlier television **stereotyped the elderly** as more comical, stubborn, eccentric, and foolish than other characters. In recent years, this image has been replaced by more positive images of elderly people as being powerful, affluent, healthy, active, and sexy.

14. **Perceptions and Attitudes Toward Sexuality of the Elderly During the Middle Ages**, Herbert C. Covey, *The Gerontologist*, February 1989.

81

Major historical themes from the European Middle Ages regarding the sexuality of the elderly were identified in literature, art, and historical works. Much of Middle Age literature and church doctrine excluded the elderly from having normal sex lives. The church defined **sexual activity by the elderly** as immoral.

15. **Age Stereotyping**, William C. Levin, *Research on Aging*, March 1988.

89

In evaluations by college students, more negative **stereotypes** were associated with older people than with either middle-aged or younger people. William Levin asserts that the more the elderly are stereotyped, the greater is the perceived justification for denying them **employment** and other opportunities.

16. **Getting Older Is Getting Better**, John R. Graham, *USA Today Magazine (Society for the Advancement of Education)*, January 1992.

94

John Graham discusses nine different behavior patterns that one may encounter when **interacting with older persons**. Suggestions are given on how to successfully interact with older persons.

Overview

96

17. **How to Take Care of Aging Parents**, Brian O'Reilly, *Fortune*, May 18, 1992.

98

The author gives sound advice to children who must assume **responsibilities for aging parents**. The resources that are available to assist one in caring for aging parents are clearly outlined.

18. **Minorities Face Stubborn Inequities**, Frankie M. Freeman and Coquese L. Williams, *Perspectives on Aging*, September/October 1987.

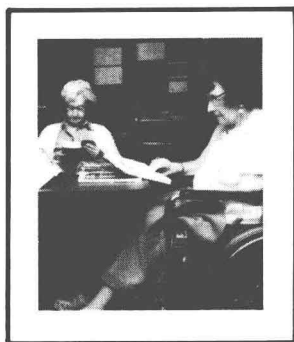
103

While the number of older Americans who are below the poverty line has declined in the last decade, a disproportionate number of the older minority population still live in poverty. The authors examine the reasons for **poverty among older minority group members**.

19. **Older Problem Drinkers—Long-Term and Late-Life Onset Abusers: What Triggers Their Drinking?** Lawrence Schonfeld and Larry W. Dupree, *Aging*, No. 361, 1990.

106

In this article, a distinction is made between "early onset" and "later-life onset" of problem drinking. In the past, items used to identify **problem drinkers** were related to problems of adults in their working years. None of these were found to be useful in identifying "later-life onset" problem drinkers who fit none of the expected patterns and whose problems are distinctly different from those in the working years.

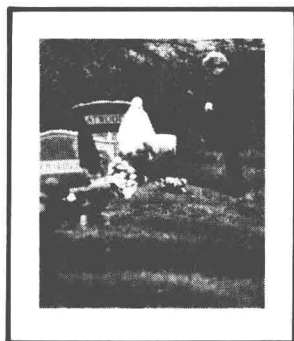


Unit 5

Retirement: American Dream or Dilemma?

Five selections look at the broad social implications of the continuing trend toward early retirement, and examine the necessity of reassessing and reshaping policies to keep valuable elderly employees in the work force.

20. **Peer Groups Support Seniors Fighting Alcohol and Drugs**, Jean Dunlop, *Aging*, No. 361, 1990. 110
Peer group support is used as a primary variable in curing older adults who are problem drinkers or drug abusers. The proposed therapy addresses the problems that lead to alcohol and drug abuse, and it encourages the patients to make responsible choices throughout the program. The choice of whether or not to reduce dependence on alcohol and drugs is ultimately the patient's decision.
21. **Alzheimer's: Is There Hope?** *U.S. News & World Report*, August 12, 1991. 114
This article discusses the debilitating effects of **Alzheimer's disease** on the victim and his or her family. A variety of different biological and neurological hypothesis are offered as a possible cause of Alzheimer's disease.
22. **The Prevalence of Elder Abuse: A Random Sample Survey**, Karl Pillemer and David Finkelhor, *The Gerontologist*, Vol. 28, No. 1, February 1988. 120
The authors examine the prevalence of **elder abuse** in the United States in this article. They reveal that spouses are the most likely abusers and that men and women are equally likely to be victims, although **women** have suffered more serious abuse.
23. **American Maturity**, Diane Crispell and William H. Frey, *American Demographics*, March 1993. 128
The needs and desires of **the growing elderly population** are the focus of this article. The young (aged 65–74) elderly and old elderly (aged 75 and older) are viewed as distinct groups with quite different problems and interests.
24. **The Elderly Driver: Deciding When to Stop**, Diane Persson, *The Gerontologist*, Vol. 33, No. 1, February 1993. 136
Diane Persson examines the **decision of older persons** to quit driving and the role of their family and physicians in making that decision.
- Overview 140
25. **Productive Aging and the Future of Retirement**, Malcolm H. Morrison, *The World & I*, December 1988. 142
To understand possible ways to encourage future **economic productivity** by older persons, we must consider how the current pattern of retirement developed, the factors that determine today's early retirement patterns, and whether a **flexible retirement plan** could be introduced to enable more older persons to be productive.
26. **The "Unretired"—Seniors Are Returning to Work, and Loving It**, Magaly Olivero, *St. Raphael's Better Health*, November/December 1989. 146
Magaly Olivero looks at people who retired and later **returned to the workplace**. Most resumed work because it was part of their preferred life-style, and they felt **employment** kept them in better physical, mental, and financial condition than full retirement did.

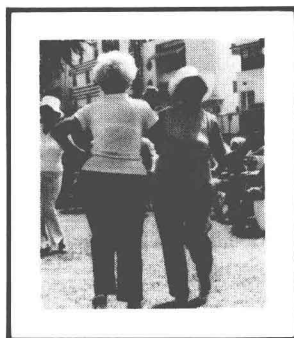


Unit 6

The Experience of Dying

Five selections discuss how increased longevity will affect support programs and the family and consider the effects of death and terminal illness on the family.

27. **Retirement Prospects of the Baby Boom Generation: A Different Perspective**, Richard A. Easterlin, Christine Macdonald, and Diane J. Macunovich, *The Gerontologist*, Vol. 30, No. 6, December 1990. 149
The authors point out that, contrary to popular beliefs, **baby boomers** are likely to enter old age in an even better economic position than earlier groups of retirees. Deferred marriages, reduced childbearing, and increased labor force participation of wives have compensated for their relatively low wage rates. Potential downside effects of reduced childbearing regarding Social Security and health care prospects are examined.
28. **Why Older Americans Stop Working**, Christopher J. Ruhm, *The Gerontologist*, Vol. 29, No. 3, June 1989. 157
Currently most people choose to retire because of economic incentives or declining health. The author examines a number of changes that could be made in both **public and private pension plans** that would offer economic incentives to older workers when choosing when to retire.
29. **School Days for Seniors**, *Newsweek*, November 11, 1991. 163
Ever-increasing numbers of older Americans are returning to college campuses. Some are drawn to specific classes and areas that interest them, others are seeking a second career, and the vast majority end up earning degrees. The reasons such large numbers of **older Americans are returning to college** are examined in this article.
- Overview 166
30. **The Many Faces of Grief**, Robert Fulton, *Death Studies*, Vol. 11, 1987. 168
Robert Fulton examines the various causes of **death** and the conditions under which people die, and he relates this to the **grief** experienced by their loved ones. He also discusses the value of **anticipatory grief** and the "**Stockholm Syndrome**."
31. **Coping With Dying: Lessons That We Should and Should Not Learn From the Work of Elisabeth Kübler-Ross**, Charles A. Corr, *Death Studies*, Volume 17, No. 1, January/February, 1993. 174
The author offers a critique of Elisabeth Kübler-Ross's stage-based model of **coping with dying**. He argues that we should use Kübler-Ross's model as a beginning point, not an end, for developing more adequate theoretical perspectives on dealing with death. A task-based approach to dying is suggested as an alternative.
32. **Living and Dying in the Jewish Way: Secular Rights and Religious Duties**, Marshall B. Kapp, *Death Studies*, Volume 17, No. 3, May/June, 1993. 179
Marshall Kapp compares and contrasts modern **American secular emphasis on individual rights** and autonomous decision-making in the "**right to die**" context with the traditional emphasis on obligation to others and to God found in Orthodox Judaism. Questions are raised regarding the appropriate power balance for modern American Jews in grappling with the difficult ethical dilemmas posed by "right to die" scenarios.



Unit 7

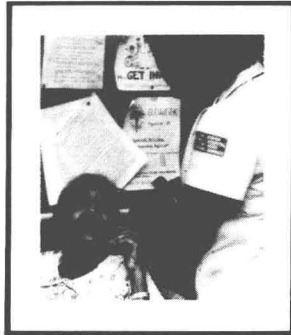
Living Environments in Later Life

Six selections examine the problems of maintaining a positive living environment for the increasing number of elderly people.

33. **The Right Way to Die**, Vicki Brower, *Health*, June 1991. 183
The efforts of **hospice** to assist in a peaceful and dignified end to life sometimes go awry because of financial considerations, Medicare restrictions, poor medical supervision, and poorly trained personnel. Vicki Brower observes that medical assistance immediately drops off when curative interventions are no longer appropriate. Brower asserts that the medical professions should broaden their perspective from just one of curing to one of alleviating suffering.
34. **Euthanasia: The Time Is Now**, Gerald A. Larue, *Free Inquiry*, Winter 1988/89. 187
Gerald Larue asks whether it is not more merciful to assist a person to a **painless death** if there is constant pain and no hope of survival.

Overview 190

35. **Unplanned Parenthood**, David Larsen, *Modern Maturity*, December 1990/January 1991. 192
About five percent of older American families assume the responsibility of raising their grandchildren. The reason for this turn of events ranges from their children's divorce, to abandonment, to mental illness, to physical and sexual abuse. The problems and joys experienced by **grandparents assuming parenting roles** for their grandchildren are the subject of this article.
36. **The Story of a Nursing Home Refugee**, Katharine M. Butterworth, *Utne Reader*, January/February 1991. 196
The most common form of assistance for older Americans who are **losing their ability to live independently** is their families. Unfortunately, for some, their problems become so severe that the family can no longer handle them and they are placed in a nursing home. The experiences of 91-year-old Katharine Butterworth after she was moved to a nursing home are presented in this article.
37. **Aging, Generational Continuity, and Filial Support**, Abraham Monk, *The World & I*, December 1988. 201
Families provide a place where members of different generations help each other, but they are not an omnipotent panacea available to everybody at all times. The average family is not insensitive or indifferent, but the extent of its **capacity to provide care** for an older relative should not be taken for granted indefinitely. Public policy in the United States must recognize the **limitations of the family** as the sole caregiver for older persons.
38. **Sociological Intervention Through Developing Low Stimulus Alzheimer's Wings in Nursing Homes**, Christopher Jay Johnson, *American Journal of Alzheimer's Care and Related Disorders & Research*, March/April 1989. 208
A low stimulus **Alzheimer's disease** wing in a nursing home is suggested as the most positive way of caring for a Alzheimer's patient in a nursing home. Christopher Johnson believes the environment created by these wings will maximize the patient's feeling of comfort and independence.
39. **Golden Years Without a Care**, Elena Neuman, *Insight*, January 13, 1992. 217
The advantages and disadvantages of choosing to live in **continuing care retirement communities** is the focus of this article. These communities offer comfortable apartments, active social activities, a pleasant living environment, and nursing home care for the frail elderly. While not the only option available to older persons, the continuing care communities are an attractive option.



Unit 8

Social Policies, Programs, and Services for Older Americans

Four selections consider the necessity of developing effective and positive support programs, policies, and services for older Americans.

40. **Board and Care Versus Assisted Living: Ascertaining the Similarities and Differences**, Mary Kalymun, *Adult Residential Care Journal*, Spring 1992. 220
Currently **board and care versus assisted living arrangements** are offered as different choices of living arrangements for older Americans. Mary Kalymun suggests that board and care and assisted living are similar in concept with sharp differences in practice.
- Overview 226
41. **Canada's Health Insurance & Ours: Real Lessons, Big Choices**, Theodore R. Marmor and Jerry L. Mashaw, *The National Voter*, April/May 1991. 228
Given the ever-escalating cost of American health care, many of our political leaders are seeking solutions to what they perceive to be a crisis. The authors of this article examined **the Canadian health care system** and attempt to answer the following questions: Does Canada really have an exemplary medical care system worth importing? Is Canada's program politically feasible in the United States? Can we successfully adopt it?
42. **Generational Equity and the Future of Generational Politics**, Paul S. Hewitt and Neil Howe, *Generations*, Spring 1988. 230
The growing number of **social service programs** for older Americans are taking an increasing share of the taxpayer's dollar. The result has been the growth of a generational movement in the United States that raises the question: How can we continue to give **economic support** to senior programs without depriving younger age groups of needed programs and services? This article examines the **generational equity** movement.
43. **Can We Afford Old Age?** Jack Meyer, *USA Today Magazine* (*Society for the Advancement of Education*), January 1992. 234
Problems of **poverty and declining health among older persons** are the focus of this article. The adequacy and inadequacy of the current social and welfare programs for older Americans are examined. The critical question raised is the cost of the current programs assisting older Americans and what the taxpayer will be willing to pay in the future.
44. **Heading for Hardship: The Future of Older Women in America**, Fran Leonard and Laura Loeb, *USA Today Magazine* (*Society for the Advancement of Education*), January 1992. 238
Social Security programs and benefit guidelines are seen as favoring men and married couples. The authors assert that women continue to pour into the paid work force but retirement income does not reflect their growing contributions. Social Security is viewed as discriminating against females by penalizing dual-career families, caregivers, divorced spouses, and people who retire early and live longer.
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Topic Guide

This topic guide suggests how the selections in this book relate to topics of traditional concern to students and professionals involved with gerontology. It is useful for locating articles that relate to each other for reading and research. The guide is arranged alphabetically according to topic. Articles may, of course, treat topics that do not appear in the topic guide. In turn, entries in the topic guide do not necessarily constitute a comprehensive listing of all the contents of each selection.

| TOPIC AREA | TREATED IN: | TOPIC AREA | TREATED IN: |
|-------------------------------|---|------------------------------------|--|
| Abuse | 17. How to Take Care of Aging Parents 22. Prevalence of Elder Abuse | Exercise | 4. Graying of America 5. Exercise Isn't Just for Fun |
| Alcoholism | 19. Older Problem Drinkers 20. Peer Groups Support Seniors Fighting Alcohol and Drugs | Family Relations | 35. Unplanned Parenthood 37. Aging, Generational Continuity, and Filial Support |
| Alzheimer's Disease | 21. Alzheimer's 41. Canada's Health Insurance and Ours | Health Care/Health Problems | 4. Graying of America 5. Exercise Isn't Just for Fun 8. To Find a Way to Age in Health 11. Roles for Aged Individuals 33. Right Way to Die 41. Canada's Health Insurance and Ours |
| Attitudes Toward Aging | 13. In Search of a Discourse on Aging 16. Getting Older Is Getting Better 29. School Days for Seniors | Life Expectancy/Longevity | 1. Can You Live Longer? 2. How Old Is Old? 3. National Eldercare Campaign 4. Graying of America 8. To Find a Way to Age in Health 18. Minorities Face Stubborn Inequities 22. Prevalence of Elder Abuse |
| Autonomy | 12. Older Widows and Independent Lifestyles 39. Golden Years Without a Care 40. Board and Care Versus Assisted Living 43. Can We Afford Old Age? 44. Heading for Hardship | Migration Patterns | 23. American Maturity |
| Benefits of Aging | 4. Graying of America | Minorities | 18. Minorities Face Stubborn Inequities 22. Prevalence of Elder Abuse |
| Biology of Aging | 6. Why We Get Old 9. Sexuality and Aging | Nutrition | 1. Can You Live Longer? 2. How Old Is Old? |
| Death and Dying | 31. Coping With Dying 32. Living and Dying in the Jewish Way 33. Right Way to Die | Physiology of Aging | 4. Graying of America 8. To Find a Way to Age in Health 9. Sexuality and Aging 20. Peer Groups Support Seniors Fighting Alcohol and Drugs 24. Elderly Driver |
| Definitions of Aging | 4. Graying of America | Politics | 41. Canada's Health Insurance and Ours |
| Demography | 4. Graying of America 23. American Maturity | Poverty | 18. Minorities Face Stubborn Inequities |
| Discrimination | 4. Graying of America 18. Minorities Face Stubborn Inequities | Psychology of Aging | 9. Sexuality and Aging 13. In Search of a Discourse on Aging |
| Economic Status | 7. New Life for the Old 18. Minorities Face Stubborn Inequities 25. Productive Aging 26. "Unretired" 27. Retirement Prospects of the Baby Boom Generation 30. Many Faces of Grief 42. Generational Equity 43. Can We Afford Old Age? 44. Heading for Hardship | Religion | 10. Religiosity, Aging, and Life Satisfaction 32. Living and Dying in the Jewish Way |
| Education | 29. School Days for Seniors | Retirement | 25. Productive Aging and the Future of Retirement 26. "Unretired" 27. Retirement Prospects of the Baby Boom Generation 28. Why Older Americans Stop Working 29. School Days for Seniors 30. Many Faces of Grief |
| Employment | 7. New Life for the Old 26. "Unretired" 28. Why Older Americans Stop Working 42. Generational Equity | | |
| Euthanasia | 32. Living and Dying in the Jewish Way 33. Right Way to Die 34. Euthanasia: The Time Is Now | | |

| TOPIC AREA | TREATED IN: | TOPIC AREA | TREATED IN: |
|------------------------|---|-------------------------------|---|
| Self-Help Ethos | 4. Graying of America 8. To Find a Way to Age in Health 20. Peer Groups Support Seniors Fighting Alcohol and Drugs 21. Alzheimer's | Sociology of Aging | 12. Older Widows and Independent Lifestyles 37. Aging, Generational Continuity, and Filial Support 38. Sociological Intervention 42. Generational Equity 44. Heading for Hardship |
| Sexuality | 14. Perceptions and Attitudes Toward Sexuality 15. Age Stereotyping | Stereotypes | 2. How Old Is Old? 8. To Find a Way to Age in Health 13. In Search of a Discourse on Aging 14. Perceptions and Attitudes Toward Sexuality 15. Age Stereotyping 16. Getting Older Is Getting Better |
| Social Policy | 11. Roles for Aged Individuals 30. Many Faces of Grief 36. Story of a Nursing Home Refugee 41. Canada's Health Insurance and Ours 42. Generational Equity | Support | 11. Roles for Aged Individuals 17. How to Take Care of Aging Parents 24. Elderly Driver 38. Sociological Intervention 39. Golden Years Without a Care 40. Board and Care Versus Assisted Living |
| Social Security | 25. Productive Aging and the Future of Retirement 27. Retirement Prospects of the Baby Boom Generation | Vitamins/Longevity | 1. Can You Live Longer? |
| Social Services | 3. National Eldercare Campaign 17. How to Take Care of Aging Parents 37. Aging, Generational Continuity, and Filial Support 43. Can We Afford Old Age? 44. Heading for Hardship | Understanding the Aged | 4. Graying of America 7. New Life for the Old 10. Religiosity, Aging, and Life Satisfaction 36. Story of a Nursing Home Refugee |
| Social Status | 7. New Life for the Old | | |

The Phenomenon of Aging

The process of aging is complex and includes biological, psychological, sociological, and behavioral changes. Biologically, the body gradually loses the ability to renew itself. Various body functions begin to slow down, and the vital senses become less acute. Psychologically, aging persons experience changing sensory processes; perception, motor skills, problem-solving ability, and drives and emotions are frequently altered. Sociologically, they must cope with the changing roles and definitions of self imposed by society. For instance, the role expectations and the status of grandparents are different from those of parents, and the roles of the retired are quite different from those of the employed. Being defined as “old” may be desirable or undesirable, depending on the particular culture and its values. Behaviorally, aging individuals may move slower and have less dexterity. Because aging individuals are assuming new roles and are viewed differently by others, their attitudes about themselves, their emotions, and, ultimately, their behavior can be expected to change.

Those studying the process of aging often use developmental theories of the life cycle—a sequence of predictable phases, which begins with birth and ends with death—to explain behavior at various stages of a person’s life. A person’s age, therefore, is important only because it provides clues about his or her behavior at a particular phase of the life cycle, be it childhood, adolescence, adulthood, middle age, or old age. There is, however, a greater variety of health and human development among older persons than among any other age group. While every three-year-old child can be predicted to experience certain developmental stages, there is a wide variation in the behavior of 65-year-olds. Some are in good health, employed, and performing important work tasks. Others are retired and in good health. Still others are retired and in poor health, while others have died before reaching the age of 65.

The articles in this unit are written from a biological, psychological, and sociological perspective. These disciplines attempt to explain the effects of aging, and the resulting choices in life-style, as well as the wider cultural implications of an older population.

In the article “Can You Live Longer? What Works and What Doesn’t,” *Consumer Reports* examines what are and what are not reasonable ways to boost the odds of a longer life. In the article “How Old Is Old?” Abe Brown makes several suggestions on what each individual can do to live a long and healthy life.

Joyce Berry, in “AoA Announces the National Eldercare Campaign,” points out the shifts in social programs and services that are going to be necessary to accommodate an ever-larger group of elderly in our society. This is followed by “The Graying of America.” Cheryl McLean reviews various biological theories of aging and outlines life-style practices and patterns that can increase the probability of a long life.

As observed in “Exercise Isn’t Just for Fun,” adjusting one’s life-style through diet, exercise, and personal habits can affect not only longevity but the quality of life. In the article “Why We Get Old,” the aging process and how it affects each of the basic biological functions are discussed.

Looking Ahead: Challenge Questions

What accounts for most behavior changes during the aging process: biological, psychological, or sociological factors?

Biological, psychological, sociological, and behavioral researchers usually work independently to explain the aging process. Could these disparate perspectives be combined into a single theory of aging?

Will it ever be possible to slow down the aging process? Would this be desirable?

What is meant by the concept of “successful aging”?



Unit 1



CAN YOU LIVE LONGER?

What works and what doesn't

May your hands always be busy
May your feet always be swift
May you have a strong foundation
When the winds of changes shift
May your heart always be joyful
May your song always be sung
May you stay forever young.

"Forever Young," by Bob Dylan

Two decades after writing those lyrics, Bob Dylan is 50 and the generation he sang to has begun the inexorable march into middle age. Even advertising executives, long obsessed with youth, are shifting focus from yuppies to "grumpies"—Grown-Up Mature Professionals.

Among the markets caught up in the accelerating generational flow is the market for products and services that promise to keep us forever young. In 1990, for example, Americans spent an estimated \$3- to \$4-billion on cosmetic surgery and another billion dollars on moisturizers. Beyond those superficial attempts to *look* young, more and more people are turning to medications, vitamins, and programs that they hope will actually slow the aging process itself.

The scientific basis for some of those treatments is provocative but limited—often only suggestive studies in animals or cell culture. Other treatments have no real basis at all. And some nostrums are illegal, hazardous, or both.

Sales and science

Ironically, sales of useless anti-aging treatments have blossomed just as scientific researchers have come closer to developing effective

ones. Hormone cocktails to maintain bone and muscle, and nerve-growth factors to ward off Alzheimer's disease, are among the new treatments poised for serious testing. Last June, a three-year study by the National Academy of Sciences' Institute of Medicine concluded that such prospects are promising enough to boost Federal funding of aging research to nearly \$1-billion annually. Even such once-scorned regimens as vitamin supplements and extremely low-calorie diets are drawing new attention from legitimate researchers.

But while serious scientists pursue research in aging, the entrepreneurs have jumped far ahead of the evidence. Even preliminary studies have quickly been exploited by what's loosely termed the life-extension movement, an assortment of supplement packagers, mail-order houses, and anti-aging doctors. As monkey-gland injections give way to plausible (if not yet proven) nutrients and drugs, the line between science and hokum is blurring.

Take the case of deprenyl, used to treat Parkinson's disease. Deprenyl drew attention early in 1989 when Canadian researchers announced they had used it to extend the lifespan of rats. Supporters soon proposed that the drug might do the same for people.

Jozseph Knoll, the 66-year-old Hungarian pharmacologist who developed the drug—and who says he takes low doses regularly himself—has reported that the drug not only lengthens the lives of rats, but boosts their libido. At a medical symposium in mid-1990, according to Medical World News, Knoll

Longevity merchants are turning a germ of provocative research into costly, irrational treatments. But there are some reasonable ways to boost your odds of a longer life.

claimed that deprenyl "can shift the lifespan of the human from 115 years to 145." Several physicians in attendance said that they or their colleagues were taking the drug as a preventive. Longevity, a magazine on anti-aging strategies with a circulation of about 300,000, ran a substantial interview with Knoll headlined "An Anti-Aging Aphrodisiac." The Wall Street Journal gave deprenyl front-page coverage.

Today, there is still no direct evidence that deprenyl can slow the aging process in human beings. Nevertheless, physicians can legally prescribe it—as some are doing—to anyone who wants to try it in an attempt to prolong youth. The theory that it can "is worth further