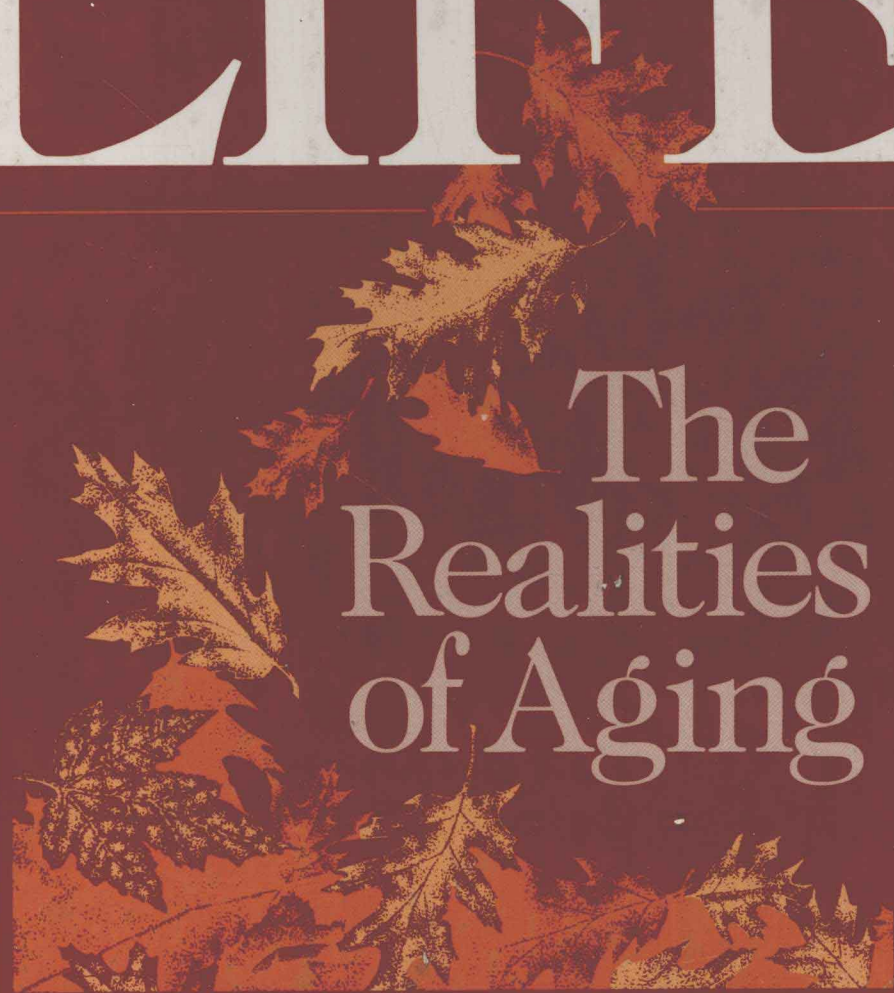


THIRD EDITION

LATER LIFE



The
Realities
of Aging

HAROLD G. COX

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HAROLD G. COX

Indiana State University

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Preface

The demographic revolution in modern industrial nations seems to have occurred because of a decline in the crude birthrate combined with an improved medical technology's capacity to save and prolong life. The result, in all of the industrially developed nations, has been the same—a growing number and percentage of the population living to age 65 and beyond. Moreover, Donald Cowgill is projecting an ever-increasing expansion of the older population in the underdeveloped nations as well.¹ Barring unforeseen demographic changes in the near future, the number of older persons in Western Europe and the United States will continue to grow and constitute an ever-larger percentage of the population. The elderly in the United States have grown from approximately 3 million in 1900, composing less than 4 percent of the population, to 31.0 million in 1989, approximately 12.5 percent of the population. This shift in the age composition of the American population has resulted in a growing public awareness of the problems, potentials, and realities of aging. Persons in their middle years almost uniformly expect to live to retirement age and beyond. There is widespread interest in the quality of life of older Americans, expressed both by those approaching retirement and those already there. This widespread interest and concern about the lives of older Americans has produced innumerable articles and editorials from the popular press, increased interest and research by the scientific community, and the implementation of numerous government-sponsored service delivery programs for older Americans.

This book attempts to integrate material from this proliferating body of research and writing into a meaningful discussion of the major trends and developments in the field we call gerontology. Reflecting the interdisciplinary nature of the subject, the book includes material from psychology, sociology, social work, anthropology, the biological sciences, medicine, and psychiatry. I have attempted to favor neither the medical model, which sees old age as a process of deterioration, disease, and progressive decline, nor the more recent and popular human development model, which sees old age as a period of further growth, develop-

1. Donald Cowgill, *Aging Around the World* (Belmont, Calif.: Wadsworth, 1986).

ment, and new experiences. While the later years are a further development of the individual's life history and offer opportunities for growth and new experiences, ultimately all people suffer certain health losses and die. Thus, I have tried to present the later phase of the life cycle as realistically as possible.

The interdisciplinary nature of the gerontology tends to make texts on this subject eclectic. But in this book—written from a social science perspective—I utilize a symbolic interaction frame of reference. In this way the reader is provided with a single theoretical approach to the behavioral aspects of aging.

Writing a text, much like teaching a class, involves synthesizing and organizing a variety of materials into an understandable, interesting, and challenging presentation of the facts. In the case of the textbook, the product should be interesting, understandable, intellectually challenging, and applicable to one's own life. Only you, the reader, can judge whether I have met these standards. I hope that I have. In any event, in writing a text an author inevitably learns much more than any future reader of it. His or her attempts to synthesize, organize, and present the material inevitably begin with a clear understanding of it. Thus I have already gained much, since in writing this book I have increased my knowledge of, sensitivity to, and comprehension of the realities of later life.

I would like to thank all of my colleagues and friends at Indiana State University who helped and supported me as I prepared this manuscript; my students who raised questions, challenged my ideas, and thereby increased my understanding of the subject; Doris Panagouleas for her careful and diligent work in preparing the manuscript, Bela J. Bogner, Wright State University, Ernestine H. Thompson, Augusta College, and Franklin N. Arnhoff, University of Virginia, for reviewing the manuscript; and my wife for always supporting and understanding my work, however successful or unsuccessful it might be.

Harold G. Cox

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Emergence and Scope of Gerontology

THE ADVENT OF GERONTOLOGY

Throughout the history of the human species, men and women have clung to life and used every means available to live as long as possible. A theme running through historical records in different time periods and different cultures has been the search for a way to reverse the aging process. The search for an elixir or fountain of youth was almost universal. Leonard Breen (1970) observed that "Special foods to be eaten, special relationships to be cultivated, surgery which might be undertaken, special waters or other liquids to be ingested all were thought to be solutions by some."¹ It was, however, not until the twentieth century that the understanding and study of the aging process left the area of witchcraft and folklore and became a legitimate subject of a number of different scientific disciplines.

Moreover, during the past 20 years aging and the field of gerontology have become the focus of extensive concern, discussion, editorializing, and political action. Aging has arrived as an issue and object of study; people are examining what it means to be old in America.

What accounts for this burst of interest? A number of factors might explain it—factors stemming both from individual experience and from the experience of society as a whole. The increasing number of people and the percentage of our population living to age 65 and beyond have made the problems of aging more widespread, more visible, and ultimately more widely known. And because of this increased longevity, almost all of us at one time or another have had the experience of helping an aging relative adjust and survive under changing life circumstances.

When only a small proportion of older people experience poverty, illness, or social isolation, we may not be aware of their problems. But as the number of older people living under these conditions grows, a challenge is directly posed to our social service systems and the problem "takes off." It becomes acute enough to be discussed and debated by politicians, the media, and other concerned individuals and groups. One definite effect emerges: a growing consciousness of—and sensitivity to—the problems of older people.

As the number of older persons has grown and public awareness of problems of the aged has increased, government delivery systems for older Americans have developed, providing services such as food, employment, information, homemaking, and counseling. New paraprofessional and professional occupations deal with the problems of older people, and political action and legislation have been initiated on their behalf. Significantly, the academic community has recognized aging as a legitimate area of study.

Before this surge of interest, physicians, health practitioners, and behavioral scientists often avoided the study of aging. Perhaps concern with the illnesses and problems of younger persons seemed more directly related to a humane cause: Young people have all their lives before them, and those who help them rightly feel that they are contributing to the future of society.

Older people, on the other hand, have most of their mortal lives behind them. Their medical, psychiatric, and social problems are often more difficult to deal with because they are frequently complex and interrelated. Whereas the communicable diseases of the young can often be entirely cured, many of the chronic medical problems of later life cannot. At best, the illnesses of the aged can be controlled, and a bad situation will not get worse; at worst, illnesses may resist treatment, resulting in disability and death. It is easy to understand why doctors would find more satisfaction in curing a disease than in stopping it from accelerating. But whatever the reason, older people have not received as much attention as younger people from health and other professionals.

In much the same way, psychology, sociology, and social work have not devoted as much research and attention to the problems of older persons as they have to those of younger people. Since scientists are subject to the same latent fears about aging and death that trouble the general population, they frequently find the study of aging uncongenial, if not depressing. Paying attention to aging processes reminds researchers that someday they too will grow old and die. As a result, the subject of aging has not received the attention it demands from scientists.

This neglect of the problems of aging appears to be over. Aging has become a legitimate subject of study, and the relevant professions as well as the public are becoming increasingly sensitive to its issues and problems. Individually, there are both personal and objective reasons for looking carefully at the later part of the life cycle. First, because all of us hope to live long lives, the better we understand this phase of the life cycle the better we can anticipate our future lives and the experiences we will confront at that time. Whereas courses in child development may help us understand our children, courses in gerontology should help us understand our future selves. Second, even if we are not interested in our current and future selves, understanding the life course, including both the problems and the potentials of later life, should prove invaluable as we attempt to understand and share the lives of our older relatives and friends. Finally, anyone who is sensitive and alert to the surrounding world cannot help but be intrigued by the explosion of scientific research and information that is both prolonging life and improving the quality of the lives of older persons. From organ transplants to senior services, from hospice programs to the debate over euthanasia, from exercise programs to living wills, the field of gerontology appears to be at the forefront of a proliferation of new knowledge and understanding of the human condition.

The remainder of this chapter will provide you with an overview of the demographic trends that reveal the dramatic rise in the number of persons 65 years and older in the population. We will also introduce some of the major problems of this group, as well as common public perceptions of the lives of older persons.

DEMOGRAPHIC TRENDS

In 1900 there were 3.1 million Americans over age 65, constituting approximately 4 percent (1 in 25) of the total population. In 1970, 20 million Americans were over age 65—approximately 10 percent (1 in 10) of the population.² In 1980 there were 25.5 million Americans over 65, or approximately 11 percent (1 in 9) of the population. Demographers estimate that by the year 2000, more than 36 million Americans will be over 65 and comprise 13 percent of the population; by the year 2030, more than 64 million Americans will be 65 and over and comprise between 19 and 20 percent of the total population. If the demographic projections are correct, 1 in 5 persons in the population would be over 65 in 2030. (See Figure 1-1.)

These figures are based on the current birthrate. Should the birthrate suddenly rise, the percentage of the total population over age 65 would drop

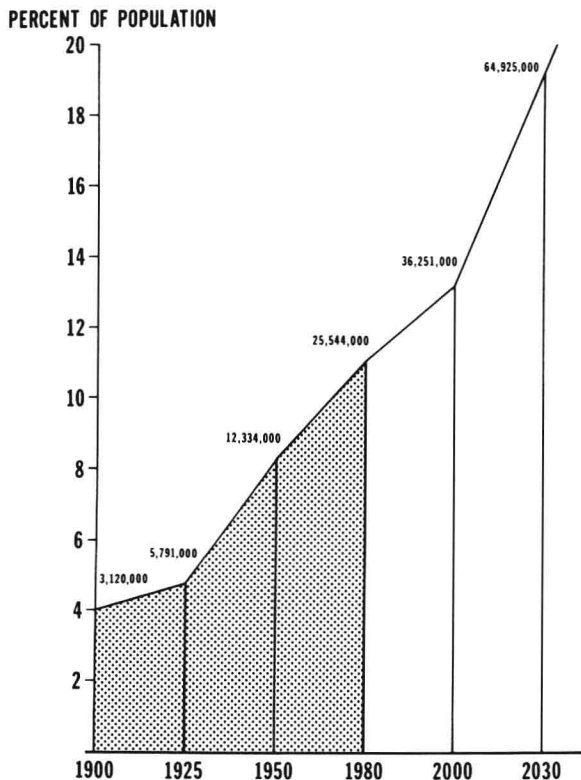


FIGURE 1-1
U.S. Population Age 65 and Older,
1900-2030

*Note: 1985-2030 figures are projections.

Source: U.S. Bureau of the Census, Social Security Administration

slightly. The long-range trend in the birthrate has been downward, however, and no one is predicting any dramatic reversals in the next 30 years. Any further drop in the birthrate would make the 65+ group an even larger percentage of the population.

The population of the 65+ age group has grown by 3 to 4 million per decade since 1940. Growth during the 1970s exceeded earlier projections, climbing at an annual increment of 460,000. Every day approximately 5000 persons reach their 65th birthday. Every day 3600 persons in the same age group die. This means an increase of 1400 persons in the 65+ group each day. Figure 1-2 reveals how much more rapidly this age group has grown compared with the total population from 1900 until 1975.

Not only are more people living to 65, but once they reach that age they live longer. In 1900, fewer than 1 million Americans were 75 and older and approximately 100,000 were 85 and older. In 1980 there were 9.5 million persons 75 and older and 2.3 million 85 and older. While the 65-and-older group has increased approximately eightfold since 1900, the population 85 and older has grown 22 times. Moreover, the 85+ group is projected to grow more rapidly than the 65+ age group until about 2010, when cohorts born in the baby boom of the 1940s and 1950s begin to retire (see Figure 1-3).³ Since it is the 85+ group that makes the greatest demand for services, one can easily foresee the impact of the growth of this age group on the resources of federal, state, and local governments.

The changing age composition of the American population is best illustrated in Figure 1-4. In 1900, 4 percent of the population was 65 and over while persons 19 and younger made up 44 percent of the population. By 1980 the

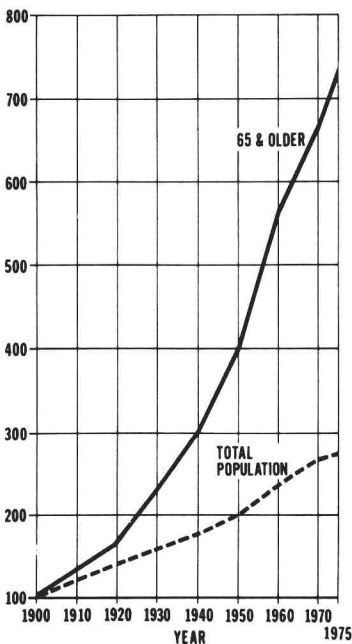


FIGURE 1-2
Rate of Increase 65 and Older versus Total U.S. Population,
1900-1975 (1900 = 100)

Source: U.S. Bureau of the Census

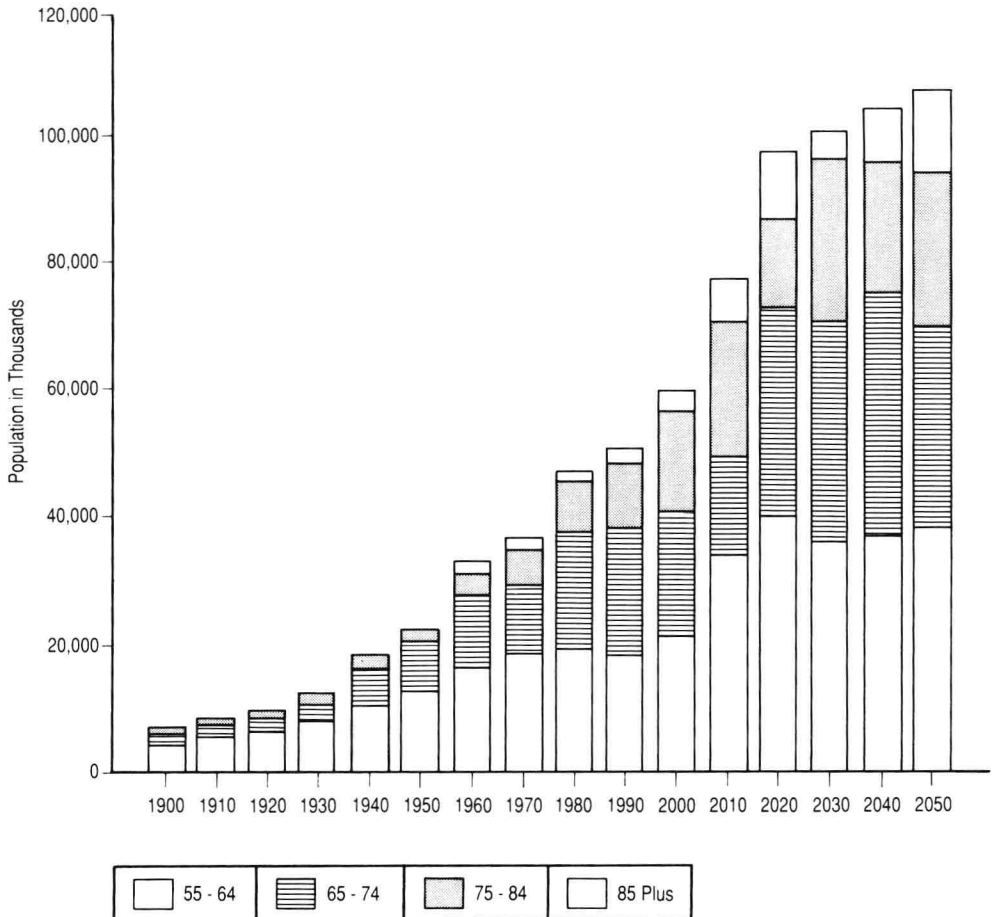


FIGURE 1-3 Population 55 Years and Over by Age, 1900-2050

Source: U.S. Census of Population, 1890-1980, and projections of the population of the United States, 1983-2080. *Current Population Reports*, Series P-25, No. 952, middle series.

proportion of 65+ persons had increased to 11 percent and that of the younger group had decreased to 32 percent. The U.S. Bureau of the Census predicts that by the middle of the next century the proportions of young persons and elderly will be almost equal, the young constituting 23 percent of the population and the elderly 22 percent.⁴

Louis Harris and Associates (1975) believe that there are three basic reasons for the current growth of America's older population. First, the large number of people born when the birthrate was high are now reaching age 65. Second, the many young adults who immigrated to the United States during World War II are also reaching 65. Finally, improvements in medical technology have created a dramatic increase in life expectancy.

Since 1900 life expectancy at birth has increased and the differential life

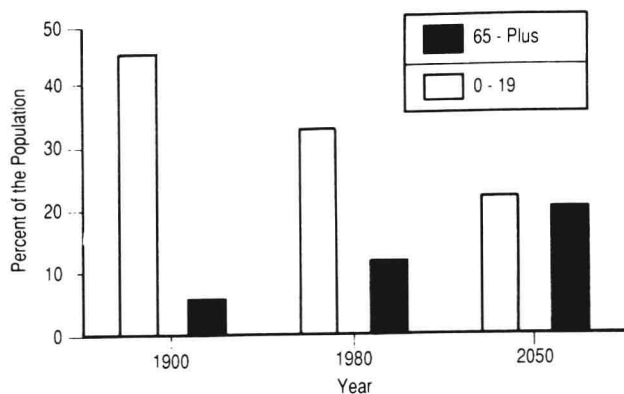


FIGURE 1-4
Actual and Projected Change in
Distribution of Children and 65 +
Persons in the Population,
1900-2050

Source: U.S. Bureau of the Census,
Current Population Reports, Series P-25,
No. 952; and *Census of the Population*,
1900.

expectancy of men and women has grown. In 1900 life expectancy for women in the United States was 48.3 years and for men 46.3 years. By 1985 life expectancy for females was 78.3 years and for males 71.3 years. While life expectancy generally increased by 27 years during this period, the sex difference in life expectancy increased from 2 to 7 years in favor of women. In 1985 white females had the highest life expectancy (78.9 years), followed by black females (73.6 years), white males (72.0 years), and black males (65.5 years). (See Table 1-1.)

The last few years have seen a slight decrease in the difference between female and male longevity. In 1988 the male-female difference in life expectancy was 6.8 years, in 1980 it was 7.6 years, and in 1970 it was 7.8 years.⁵

Life expectancy at birth is the average number of years a person can expect to live from the time of birth. For every child who dies in the first few months of life, others must live to a very advanced age if the entire population is to have an average life expectancy of approximately 74.9 years. Since people obviously die at any age in life, those who reach age 65 are a select group who have presumably survived many health problems and other obstacles along the way. Currently, those arriving at age 65 can expect to live approximately 16.9 years more.

Between 1900 and 1950 the increase in life expectancy came about primarily because of a decrease in mortality among the younger age groups. Stated simply, larger numbers of persons reached the older ages, but once there they did not live much longer than the previous generation had. Since 1950, however, life expectancy at the older ages has increased more rapidly than life expectancy at birth. Between 1900 and 1980 life expectancy for the 65 + group increased by 2.7 years for elderly men and by 6.4 years for elderly women.

Moreover, gains in life expectancy for the older age groups are expected to continue for some time. Table 1-2 indicates projected improvements for the 65- and 85-year-old males and females for the next 50 years. In 2040, when the first baby boomers reach 85, their life expectancy is projected to be another 6.3 years for males and 8.5 years for females.⁶

Formerly, the diseases that took large numbers of younger people's lives were communicable diseases—those traceable to viruses or bacteria. Medical science, in working to immunize the population against such diseases as smallpox, diphtheria, measles, and mumps, has done much to control the kinds of diseases that kill younger people. Older Americans are affected less by acute communicable diseases and more by chronic conditions and the deterioration of vital organs.