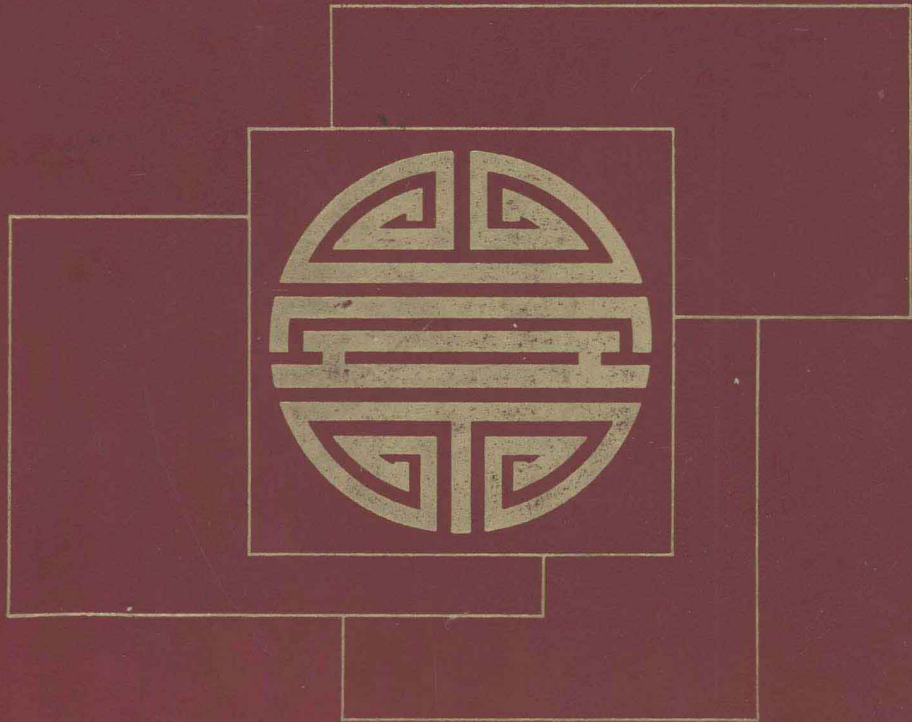


Social Forces and Aging

Robert C. Atchley

Sixth Edition



SIXTH EDITION

Social Forces and Aging

**An Introduction
to Social Gerontology**

Robert C. Atchley

Scripps Gerontology Center
Miami University

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Preface

This book provides a comprehensive introduction to social gerontology—the emerging social science dealing with human aging. The book’s major strengths are

- *Readability.* Students can easily follow the text, which makes social gerontology extremely accessible. The text stands on its own and frees the teacher from the need to lecture on material covered in the book.
- *Coverage.* Major areas of theory, research, social policy and practice are covered in significant depth. Although additional readings are helpful, they are not necessary to gain a full appreciation of the scope of social gerontology.
- *Organization.* The chapters and parts of the book flow logically from individual aging to the social situation, to individual adjustment, to society’s response to aging. Students respond well to this sequence.
- *Conceptual Clarity.* Sound frameworks are used to organize and analyze the literature in various areas. Terms are carefully defined, giving students and teachers a clear common vocabulary.
- *Analytical Approach.* Original works are succinctly described and then analyzed and placed in context with other work.
- *Originality.* In many areas, *gaps in knowledge* have been filled by *original research*. For ex-

ample, the chapters on demography and on social inequality draw heavily on my own examination of census data. The chapter on employment and retirement draws heavily on my extensive research in that area.

In other areas, the *lack of adequate theory* led to *development of new theoretical approaches*. For example, theories about the dynamics of the self in later life, types of interpersonal bonds, the retirement process, stages of retirement, spheres of activity, the continuity theory of adaptation to aging, older people as deviants, the economics of retirement income, and the economic functions of retirement were developed to consolidate bits and pieces of research evidence and deal with gaps in existing theory. *Existing theories are also modified and extended*. Modernization theory, life course theory, theories about adaptation to role loss, the theory of societal disengagement, and theories of social policy formulation are examples of theories that I have modified to take research into account and extended to improve their explanatory power and to stimulate research.

- *Hot Topics.* Frequent revision of the book allows timely topics, such as DRGs, Medicaid-funded home care, case management, the debate on Social Security, and long-term care insurance, to be included in an up-to-date fashion.

- *Outstanding Bibliography.* As one reader put it, "I always begin new research with a review of the bibliography in Atchley. It's by far the best single resource in print." Great effort is put into keeping the bibliography current and appropriately selective.

Bibliographies by topic can be compiled by using the chapter numbers to the left of each bibliography entry. For example, to identify references on a specific aspect of retirement, simply read down the left column of each bibliography page, identify those entries having to do with retirement (Ch. 9), and select those entries dealing with the specific topic. This is an especially good way to start a search for term paper material.

For this new edition, there are *new sections* on

- gerontology careers
- compensation
- expertise
- family structure
- age consciousness
- personal care
- home equity conversion
- private health insurance
- achieving the good life

Heavily *revised sections* include

- migration
- health
- health care
- disability
- income
- grandparenthood
- age discrimination
- pensions
- alcohol abuse
- drug abuse
- stereotyping
- crime by older people
- elder abuse
- Social Services Block Grants

Heavily *revised chapters* include

- Demography of Aging (Ch. 2)
- Family, Friends, and Social Support (Ch. 7)

- Needs and Resources (Ch. 8)
- Employment and Retirement (Ch. 9)
- Activities (Ch. 10)
- Personal Adaptation to Aging (Ch. 12)

I am very grateful for the long-standing acceptance this book has received. To date, well over 350,000 students have been introduced to social gerontology through *Social Forces and Aging*. These have included graduate as well as undergraduate students from a wide variety of fields—sociology, psychology, home economics, nursing, social work, health, physical education and recreation, human development, management, human services, and so on. The book has grown enormously over the 19 years since its original publication, and the sixth edition bears little resemblance to the first.

I appreciate the gratitude that both students and professors have expressed to me, and at the same time I accept the responsibility and challenge of working hard to see that *Social Forces and Aging* remains contemporary, that it grows with the field of social gerontology. I am aided in this task by reviewers commissioned by the publisher, but *I also need your help*. As you read, if you see errors or gaps in coverage, or if you think of topics that should be included or of a particularly good research example, *write to me*. I cannot promise that I will agree with your point, but I want to know what it is.

For the sixth edition, I was helped by a number of people. Sheila Atchley gave me dozens of valuable suggestions for revisions of the chapter on health and social services. John Kelly made many useful suggestions for the chapter on activities. David Ekerdt provided new ideas on retirement. Rebecca Adams gave useful feedback that I used to revise the section on friendship. Linda George helped me to secure copies of the manuscript chapters of the *Handbook of Aging and the Social Sciences*, third edition, which allowed me to incorporate these excellent literature reviews into this edition of *Social Forces and Aging*.

The reviewers of the sixth edition were Rebecca Adams, University of North Carolina;

Sheila J. Atchley, Miami University; David J. Ekerdt, University of Kansas Medical Center; Linda K. George, Duke University Medical Center; Colleen L. Johnson, University of California, San Francisco; John R. Kelly, University of Illinois; Kyriakos S. Markides, University of Texas Medical Branch; Sarah H. Matthews, Case Western Reserve University; Donald McTavish, University of Minnesota; Hosea Perry, Winona State University; Sheldon S. Tobin, Ringel Institute of Gerontology, SUNY-Albany; and J. B. Watson, Jr., Mississippi College. I thank them for their suggestions and comments.

Many colleagues have enriched, refined and supported my intellectual growth, including Bobby Applebaum, Sheila Atchley, Steve Cutler, Dave Ekerdt, Linda George, Joe Hendricks, Suzanne Kunkel, Powell Lawton, Chuck Longino, Pam Mayberry, Leslie Morgan, Warner Schaie, Millie Seltzer, Diana Spore, Harvey Sterns, Lillian Troll, and Susan Whitbourne.

I owe special thanks to Dave Lewis, whose enthusiastic devotion to social justice, humanism, and social science attracted me to sociology and demography. Fred Cottrell served as my

mentor. Wise and unselfish, Fred taught me that knowledge is most valuable when cast in a form that can be used to better people's lives. Millie Seltzer is a fountainhead of creative ideas, and it has been my extraordinary good fortune to have her for a work partner and best friend for over 20 years. She taught me the power of unwavering support. Sheila Atchley continues to teach me the value of having an equal partner with whom to go through all of life. Melissa Atchley provides me with fresh ways of looking at the world around me. And through Carl Adlon and Nisargadatta Maharaj I learned who is creating and using all this knowledge. I have been truly blessed by each of these people.

I owe a tremendous debt to the staff of the Scripps Gerontology Center at Miami University, particularly Debbie Rumpler, Thelma Carmack, Susan Kempf, Pam Mayberry, Soni Regan, Shahla Mehdizadeh, and Lynn Ritchey. Their dedication, competence, and goodness are contagious. Finally, I would like to thank the many generations of students at Miami University for challenging me to grow and improve.

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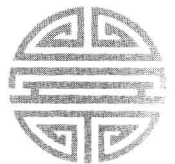
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PART I



Setting the Stage

This book is an introduction to *social gerontology*, the discipline devoted to the study of the non-physical aspects of human aging. As you will see, social gerontology covers a wide range of topics. Most of the book deals with up-to-date, factual information and current perspectives on aging. Part I, consisting of three chapters, provides a context for this material.

Chapter 1 describes the *scope* of social gerontology: the general subjects included in social gerontology, how aging and the aged are defined, and some of the broad issues involved in the study of aging. Chapter 2 presents the *demography* of aging. It covers how aging becomes widespread in a population and how population aging

is measured. It then considers the growth of the older population in the United States as well as its size, composition, geographic distribution, mobility, and life expectancy. Chapter 3 is an *historical overview* of aging in the United States, from Colonial times to the present. Because aging today is often contrasted with aging in earlier times, it is important that such comparisons be based on fact rather than myths about “the good old days.” A knowledge of history also helps us better understand how contemporary society works. Together, these three chapters provide the background needed for the study of present-day social gerontology.

The Scope of Social Gerontology

So far as we know, the process of **aging*** has been around as long as life itself. Provided, of course, that illness or violence does not end life before its genetically programmed span, all living organisms pass through three broad stages from conception to death: maturation, maturity, and aging. And even though the *average* length of human life in most societies did not extend into “old age” until the 20th century, there have been old people on earth for thousands of years.

Although biology forms the primary basis of aging, the *significance* of aging is largely social. Physical changes associated with aging, such as declining eyesight or graying hair, have little significance except as they relate to what is expected of people. For example, declining eyesight is only a problem if it (1) cannot be corrected and (2) interferes with a person’s ability to function normally. And gray hair is significant only because it is used to put people into a particular social category. Thus we need to consider not only what aging does to us but what we do with aging.

Aging also influences how a society or group is itself viewed. We speak of an “aging society” when the average age of its members is increasing. “The graying of America” is not about individuals who are aging but about the United States as a whole.

Aging affects everyone because nearly every-

one has the potential to grow old and all the groups in which we live have older members. But although aging has always been a part of human life, the systematic study of aging, especially its social aspects, is relatively young. For example, the Gerontological Society of America—an organization of researchers, practitioners, and educators interested in aging—was not founded until 1945. The behavioral and social sciences section was not established until 1956, and social gerontology as a concept was not developed until the late 1950s (Tibbitts, 1960:3). However, since 1960, research on aging has expanded so rapidly that in 1990 there were research and education on social aspects of aging at more than 1,000 colleges and universities in the United States alone.

What Is Gerontology?

Gerontology is the use of reason to understand aging. The term was first used to refer to the scientific study of aging, but contemporary usage also includes the study of aging using methods from various other disciplines, such as humanities, social policy, and human services. It has become clear that for us to understand and cope with aging, knowledge from a variety of sources is needed. Thus gerontology includes the results of research on aging from all academic disciplines and fields of professional practice. Bi-

*All boldfaced terms are defined in the Glossary.

ologists study the effect of age on the body's immunity to disease. Physicians search for effective ways to treat disease in older people whose immunity has been reduced. Psychologists study changes in bodily coordination with age. Occupational therapists search for ways to retrain older people whose coordination is impaired. Economists study income requirements of middle-aged and older people. Retirement counselors gather information about how to stretch retirement income. Sociologists study how aging affects social roles. Recreation workers develop ways to help older people get involved in new roles. The list goes on. Almost every area of study or practice that deals with people or their needs has a branch that is devoted to aging. And all these branches of all these fields come together under the label of *gerontology*.

There are four interrelated aspects to the study of aging: **physical, psychological, social psychological, and social**. The study of **physical aging** examines the causes of the body's declining capacity to renew itself, the physical effects of bodily aging, and the means for preventing, treating, or compensating for conditions caused by or related to physical aging. The study of **psychological aging** focuses on sensory processes, perception, coordination, mental capacity, human development, personality, and coping ability as they are affected by aging. **Social psychological aging** focuses on the interaction of the individual with his or her environment and includes such topics as attitudes, values, beliefs, social roles, self-image, and adjustment to aging. **Social aging** refers to the nature of the society in which individual aging occurs, the influence that society has on its aging individuals, and the impact aging individuals have on their society. Social aging also includes interactions among society's various social institutions, such as the economy or health care, as they apply to the needs of an older population. All four aspects of aging are so interrelated in everyday life that it is often difficult to distinguish one from another. Yet subdividing gerontology is useful for the scientific study of aging.

Social Gerontology

Social gerontology is the subfield of gerontology that deals primarily with the *nonphysical* side of aging. Physical aging is of interest to social gerontologists only as it influences the ways individuals and societies adapt to one another. Yet, because physical aging is at the root of all aspects of aging, social gerontologists need to understand as much as they can about it.

Society as used here is not a single thing. The word refers to the shared ideas and common actions of the residents of a nation, and it includes messages in the mass media, common beliefs, typical ways that people solve problems, laws and regulations, administrative procedures, ideologies, and a host of other factors. Society does *not* act as a unit but as a loose structure of individuals, each with a slightly different view of beauty, truth, and goodness. Resist the trap of thinking of society as a single entity capable of single-minded action.

What Is Human Aging?

Aging is a broad concept that includes *physical changes* in our bodies over adult life, *psychological changes* in our minds and mental capacities, and *social changes* in how we are viewed, what we can expect, and what is expected of us.

It is common to describe the human life cycle in terms of three broad periods: (1) **maturation**, in which the person develops, (2) **full maturity**, in which the person exercises full powers, and (3) **aging**, in which the person gradually declines. However, this view, based on the biological characteristics of life in animals and plants, is actually too simplistic.

Biological, Psychological, and Social Aging

Biological aging is the result of numerous processes, most of which do not progress at the same rate. For example, the kidneys typically