Social cultural aspects of aging

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SOCIAL CULTURAL ASPECTS OF AGING

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
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BY
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CHAPTER I

INTRODUCTION

The study of aging in all its aspects, including biological, psychological, and sociological, is known as the science of gerontology. The gerontologists' view attempt to prolong life. Gerontological advances in the medical professions and with the intake of better foods contribute much to people having a healthier and longer life. However, these advances fail to improve the lot of the aged having value in this society. These advances merely add to the problem of what to do with the aged.

In this youth-oriented culture, many people believe that the aged inevitably suffer a steady deterioration in physical and mental abilities and therefore should withdraw from the central arenas of our society. The United States generally accepts that persons who reach age 65 must move from this recognized and established social position to one that is relatively uncertain, undefined, and lacking prestige. This movement involves the relinquishing of social roles and relationships typical of adulthood and the acceptance of new roles and relationships characteristic of later years. In place of the traditional major roles of earning a living and maintaining a family, most older persons face the task of finding and developing different roles and activities at a time in life when stability and security are greatly desired; older persons are confronted with a period of change, uncertainty, and adaptation. People often forget that
in other cultures the aged are the most powerful, the most engaged, and
the most respected members of the society. When some persons show depres-
sion, hopelessness and inferiority, one may forget, that, these symptoms
may have been caused by deprivation of basic satisfaction, reduction to
inferior status, and discrimination against those 65 or more, rather
than by any biological process.

The sociologists' concern with aging have developed a number of
theories relevant to the aging and elderly to the structure of society
and social change. One of these theories holds that the status of the
aged is high in static societies and tends to decline with the accelera-
tion of social change. Another theory is that the status of the aged
is inversely related to the proportion of the aged in the population.
A third theory is that the status and prestige of the aged are high in
those societies in which older people in spite of physical infirmity, are
able to continue to perform useful and socially valued functions.

A few years ago a group of investigators advanced the so-called dis-
engagement theory. This theory maintains that high satisfaction in old
age is usually present in those individuals who accept the inevitability
of reduction in social and personal interactions; the activity theory of
aging, on the other hand, holds that the maintenance of activities is
important to most individuals as a basis for obtaining and maintaining

1W. F. Ogburn and M. F. Nimkoff, Sociology (Boston, 1940), p. 24.
2L. W. Simmons, The Role of Aged in Primitive Society (New Haven,
1945), p. 43.
3Elaine Cummings and W. E. Henry, Growing Old (New York, 1961),
p. 56.
satisfaction, self-esteem and health.¹

One cannot ignore the fact that there are differences in lifelong patterns of living and that there are some people who tend to maintain relatively high or relatively low levels of activity. It does appear that those who reduce their activities as they age tend to suffer a reduction in overall satisfaction.²

At the turn of the century, Charles Cooley developed the concept of the looking-glass self.³ By this he meant that the attitudes and behaviors of others toward a person serve as a mirror in which the individual sees himself. To a large extent this mirror determines the image a person forms of himself which in turn strongly influences his behavior. This concept can help in understanding why two aged persons with similar health and physical abilities can respond in quite different ways to the same situation. For example, compulsory retirement may make one man withdraw and become depressed, while it may give a second man an opportunity to develop activities and satisfactions he had been wishing for all his life. The first man may have been encouraged to "take it easy" in his retirement and to reminisce about the "good old days." In contrast, the second man may have been convinced by his associates to see retirement as a golden opportunity for adventure.

In order to examine the nature of aging as a social process, this

²Ewald W. Busse and Eric Pfeiffer, Behavior and Adaptation in Later Life (Boston, 1969), p. 28.
³Ibid., p. 33.
study will consider first, the differences between past and contemporary cultures in the functions and status of the aged; second, the differences between various aged groups within our society; third, the changing health status of the aged population; and finally, the current trends in the area of gerontology.

Review of Literature

Most of the data involving human aging are explained by the use of statistical relations. However, this data did provide basic information about the aged. Outside from statistical data there is also much valuable information to be found in various books and journals. These data in a broad and specific manner deal with gerontology in all social-cultural aspects as it relates to the aged.

*Handbook of Aging and the Individual* by James Birren\(^1\) is an authoritative technical summary of the scientific and professional aspects of human aging. This book organizes and attempts to present a more systematic organization of information. It also serves research by pointing out crucial theoretical problems in studying old age. Similarly, Ethel Shanas in an article, "The Sociology of the Aging and the Aged,"\(^2\) gives recent studies and trends in gerontology within the sociological field. She further mentions the role of the sociologist as well as his methodology in studying the aged.

To get a broader view of the range of gerontology, Charles Oakes,

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\(^2\) Ethel Shanas, "The Sociology of the Aging and the Aged," *Sociological Quarterly* XII (Spring 1971).
editor of Foundations of Practical Gerontology\(^1\) submits a collection of papers drawing on several disciplines. One part comprises sociological papers where the problems of the elderly are viewed as a social problem. Biological, psychological and economic factors specific to the aging process are discussed in another part. The final part examines specific programs and strategies for action in relation to the elderly. The introduction to the sociological papers states that sociologists are bringing their research skills to aid in studying the aged and are seeking to formulate theories as predicative foundations for programs to meet the needs of the elderly in this society. Furthermore, sociologists are exposing and refuting some of the most widely diffused stereotypes of older people.

Several studies concentrate on the problems arising from the changing process of old age. Most of these studies are mere replications of each other in the sense that they attempt to provide a thorough examination of the dominant problems of the aged in a general sense. However, there are three studies worth noting out of this group. First, Employment, Income and Retirement Problems of the Aged with Juanita Kreps,\(^2\) editor, focuses on five major units in analyzing the various aspects of the problems of old age. Unit one consists of a study dealing with the mechanics, the development, and the impact of aging populations. The second unit is a series of three articles analyzing the extent and nature of the


retirement problem, particularly as it is related to unemployment. Unit three is an appraisal of the economic consequences of flexible retirement in the United States and a review of flexible retirement policies abroad. The fourth unit contains an essay setting forth some of the financial dimensions and effects of pension fund growth. The final unit comprises an analysis of the underlying growth which relegates the aged as an inferior economic status and a proposal for improving this status.

Secondly, Ida Simpson and John McKinney editors of Social Aspects of Aging dwell on the dynamics of the life of the elderly. Their objective is to take some of the "aged" problems and examine the ways in which variations in the life situation of the older person affect adaptation to them. The editors state their interest is to show that the aged problems are experiences of their social relationships and values. Because the research does not direct itself toward social policy it will provide a more realistic view of the problems of old age. The findings of this research show that the problems of the aged are in a large part a reflection of the pre-existing values of the older person. This research contains two problems that are not in the previous study. These problems are community and family life.

The final study of this group, Older People Tell Their Story by Woodrow Hunter and Helen Maurice is a survey of older people in Grand Rapids in order to determine what the aged feel their most urgent needs to be. Several studies of this sort can be found on the aged of various cities and states. Studies of this sort are usually performed by students

2 Woodrow Hunter and Helen Maurice, Older People Tell Their Story (Ann Arbor, 1953).
enrolled in gerontology courses. On the whole, most of the findings of these studies are similar with transportation, companionship and finance being the most urgent needs.

Gerontology not only examines the problems and needs of old age but presents theory with respect to aging. Donald Cowgill in *Aging and Modernization* focuses on the role of the aged in various primitive and peasant societies. The book contains a theory of aging in a cross-cultural perspective. The book bases its theory on information that a wide variety of specialists present in the book. These specialists include: sociologists, anthropologists, psychologists and social workers. However, Milton Barron in his book, *The Aging American* emphasizes gerontology theory by an examination of the ignored but crucial period of the middle-aged. Theory proposal by Kurt Wolff, in *The Biological, Sociological and Psychological Aspects of Aging* involves the fact that many studies merely examine aging as a biological process. The author's theories of aging states that aging is not only a biological aspect but it has its sociological and psychological sides as well.

Two studies present exclusive theory on retirement. Frances Carp in *Retirement* attempts to develop theories on retirement in order to do away with the limitations involved in investigating systematically the phenomenon. Milton Barron, in addition to his previous contribution to

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5 Milton Barron, "Research on the Social Disorganization of Retirement,"
gerontology theory, focuses on theories of retirement as proposed by social psychologists such as: L. S. Catrell, George Mead, and Willard Walker.

In examining the concept of economics and the elderly, Solomon Barker, in a study deals with the jobs available for the elderly in the state of New York. The study analyzes jobs at which older persons are employed, in terms of job characteristics for both male and females. The study concluded that jobs are available for older workers and these persons can be as productive as the present work force.1 Also, examining economic status and the old, there were several studies that emphasized the role of social services in satisfying this function. Harold Orbach in Aging and the Economy2 is an attack on the major concern of means of securing a minimal economic foundation for the widespread hazards of old age. The book tries to instill that this decade must be concerned with developing a fuller, richer and more adequate mode of existence for the nation's older people. Another study that examines the economic and other statuses of the aged with reference to social policies is Abraham Monk in his article, "Social Policies for the Aged."3 Monk examines social policies for the aged in terms of certain dilemmas outlined by Talcott Parsons. The study points out that the aged


are receiving basic services but are still deprived of a meaningful place in the family system, a measure of social authority, and activities that are functionally valuable and personally satisfying. The study shows that individual performance remains a dominant factor in formulating policy for the aged. Also, the author points out the need to redefine the concept of leisure and to find ways for the aged to use their increasing free time.

Robert Burger in his article "Commercializing The Aged,"\(^1\) discusses the abuse that takes place in social programs. First, the article deals with social policies and programs that have been initiated to aid the elderly. The author further examines these programs to evaluate if they are doing their intended purpose. After an evaluation of these programs he gives information on the abuse of programs. The author feels that if this abuse is destroyed then commercialization of the aged would take place.

The remainder of the general literature deals with family, marital status, housing and activity for the aged. Theodore Rosen in a study, "The Significance of the Family to the Residents' Adjustment in a Home for the Aged,"\(^2\) calls attention to the significance of the aged person's ties with his family. This article, also, calls for an understanding of what happens when an elderly person enters a home for the aged. M. N. Berlatsky takes a look at another aspect of family life in


his study, "Some Aspects of the Marital Problems of the Elderly."\(^1\) His study was concerned with threats to the stability of marriages that have endured for more than 45 years. The study further examines measures to reduce environmental stress that are required in treating the marital problems of elderly couples.

The majority of the studies concerned with housing the elderly are related to two concepts of age-segregated housing and non-segregated housing. However, a few studies do relate housing to the economic status of the elderly.

In discussing activities or leisure time pursuits of the elderly, the authors take the position of engagement or disengagement. The majority of authors are inclined to follow the position of engagement. One study that needs to be mentioned is Nathan Shock's *Trends in Gerontology*\(^2\) in which he examines the current status of activities in the field of aging and attempts to assess current trends in terms of major developments. Other studies in this area is concerned with the involvement of the aged in community activities.

Several studies investigating the health status of the elderly are advocating day hospitals for the elderly. However, a few studies are concerned with the self-assessments of health status among aged persons. On the whole these studies conclude that the state of an elderly person's health is the most important single determinant of his self-assessment of health status. Also, some of the studies examining health status of


the aged population work from the hypothesis that limited financial resources of the majority of the aged restrict the medical care they seek and obtain. However, Bert Ellenbogen,\(^1\) in a study, gives attention to health behavior of the rural aged. Ellenbogen states that very limited research on the rural aged is available. He further states that this lack of concern may have been influenced by the traditional belief that the natural advantages of the rural setting offer a more healthful way of life. Ellenbogen, in presenting his data on health conditions of aged rural persons, makes comparisons with the urban aged. Another segment of the aged population in which limited health data is available is the black aged. Arthur McDowell,\(^2\) director of the National Center for Health Statistics in Rockville, Maryland, in a study, focuses on the health status of the black elderly. McDowell presents data on the black elderly and also stresses the urgent needs of reliable health data on the black elderly. Another study which examines the health status of aged blacks is from the Special Committee on Aging entitled "The Multiple Hazards of Age and Race."\(^3\) The committee's data provide an examination of the number of physician visits annually, percentage of persons with chronic conditions on activity and finally mortality rates. Ewald Busse and Eric Efieffer\(^4\) provide a comprehensive examination of the health status of the


3U.S. Senate, Special Committee on Aging, *The Multiple Hazards of Age and Race* by Inabel B. Lindsay, Joint Committee Print, Working Paper (Washington, D.C., 1971).

elderly population. The study deals with acute and chronic illnesses of the elderly and the study focuses on diseases which predominately affect the aged population.

Several studies which contrast and compare the aged by ethnic group, the investigator feels necessary to present at this point. These studies are necessary to examine in discussing the characteristics of the elderly by race. Many problems among the elderly are undoubtedly due to their cultural background. The contrast and comparison deal with such factors as economic status, population size, health status, marital status and other social characteristics.

Kent Miller and Ralph Dreger are authors of a very comprehensive book entitled *Comparative Studies of Blacks and Whites in the United States*. The book deals with comparative traits of blacks and whites in relation to family, behavior traits and health status. The book further compares these traits by age and sex which will aid the investigator to examine traits of the aged more closely across racial lines.

Carl Ersdorfer's study deals with the aged's intelligence. The study is based on the Rorschach and Weschsler Adult Intelligence Scale. The sample is composed of 242 volunteers aged 60-94. Recruitment for the sample involve the use of the media of radio and television as well as Golden Age Club meetings. The findings are listed by age, race, sex, and full scale I.Q. The study found that black men have a higher intelligence in older ages than white men.

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Zena Smith Blau and Albert Chevan\(^1\) looked at the concept of widowhood in old age. Blau's study provides a more comprehensive examination of the concept. In presenting the concept the researchers examines the family at widowhood. Furthermore, the researchers deal with the changes that follow widowhood. In both studies several variables are correlated. These variables include: age, race, sex, educational attainment and income.

A study that not only compares blacks to whites but the rural aged to the urban aged along racial lines is that of Grant Youmans.\(^2\) Youmans investigates what influence rural and urban residence have on adaptive reactions to economic disengagement.

The sample is limited to men. The rural sample includes 72 men aged 60 to 64 and 102 aged 75 and over. The sample from the urban includes about one-fifth black and the same from the non-urban includes less than one per cent black. The findings of the study are that the older men (both rural and urban) feel less subjective deprivation than did the younger men.

Taking a look at population studies dealing with the aged, Henry Sheldon in his book *The Older Population of the United States* provides a very thorough investigation. Sheldon's investigation focuses not only on the position of older people as reflected by their characteristics but also on the development of these characteristics as social change


takes place. Sheldon further examines the characteristics by race and sex. A similar study by Rupert Vance did not examine all the characteristics of the aged since the book was not intended for that purpose. However, Vance does focus more on the health status of the elderly population. Like Sheldon, Vance examines these health characteristics by race and sex.

A final comparative study worth noting is Jeanne Gilbert's *Understanding Old Age*. Her study discusses life changes in age by normal and abnormal changes. The study is valuable because it aids one to investigate these changes in relation to population data.

Several books and articles focus on aging from a historical perspective. Joseph Drake author of *The Age in American Society* brings together all the pertinent aspects of gerontology. The book analyzes the socio-cultural environment in which the aged in modern America lives. This analysis helps to explain some of the current attitudes held by society about older people in terms of cultural values. The book also seeks to understand the older person as a physical, psychological and social being rather than a social statistic.

A book that provides information about not only on how society views the aged but about how the aged person himself views old age is *The Coming*
of Age by Simone de Beauvoir. Also, the author compares the concept of old age in different cultures and societies. Furthermore, the author takes a definitive stand about old age and expresses the notion that old age varies according to the society.

Arnold Rose and Warren Peterson, editors of Older People and Their Social World covers a wide range of subject matter in gerontology where a variety of techniques of social research are utilized. The book mainly deals with the general aspects of the social integration of older people.

Culture and Aging by Margaret Clark and Barbara Gallatine Anderson is an anthropological study of older Americans. The authors focus on the historical influences on the condition of the aged in America, the social perceptions of the aged, and the process of aging adaptation in society.

Leading Ideas

The past six years society has seen the birth and rapid growth of state commissions, conferences, institutions, and societies whose primary objective is to study and make recommendations concerning various phases of the total problem of the aged. Interest in the subject has been shown on all three governmental levels, by institutions of higher learning and by foundations. Therefore, it is safe to believe that as time passes and with the number of the aged increasing more and better organizations will be formed.

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1 Simone de Beauvoir, The Coming of Age, translated by Patrick O. Brian (New York, 1972).


3 Margaret Clark and Barbara G. Anderson, Culture and Aging: An
The contemporary concern with aging as a social problem emphasizes the material implications of growing old. Thus, this study will address itself to three problems. One, how does a society's norms and values shape the general views of old age? Two, how does race relate to the demographic aspects of aging? Three, how has industrialization and other forms of advanced technology affected the health status of the aged population? The main purpose of this study is to provide a comprehensive analysis of the above three problems. The study will undoubtedly show how some of these conditions have changed or remained stationary over time.

Methodology

The information for this study was selected from secondary sources. These sources included books, journals, census publications, and other governmental and non-governmental publications. Within its limits these tools are reliable and informative. Thus, this study sought to obtain reliable information concerning the use of some quantitative and descriptive data with regard to the aged. The population under study is the aged. Any consideration of the older population raises the question of what age group constitutes this population. Gerontologists agree that any definition in purely chronological terms is an arbitrary one. It is now generally recognized that the onset of aging or of old age must be defined with references to physiological changes, the nature of the requirements placed on the organism, and to the stage one has reached in the life cycle.

Anthropological Study of Older Americans (Springfield, 1967).
Therefore, aging and old age must, then be defined in terms of a composite of many contributory factors which affect individuals at different times in different degrees, and sometimes in different ways.

Although in certain instances, the use of any chronological definition of age is unrealistic, there are many situations in which one is compelled to define the group under study in terms of chronological age. The preparation of this study was one of these situations. In this study, sixty-five years of age and over was defined and treated as old age, for purposes of examining the various aspects of aging.

The data were collected by means of content analysis. In this study the utilization of this method involved the contrast and comparison of selected social aspects of aging.
CHAPTER II

HISTORICAL VIEWS OF AGING

This chapter, presented in two parts, will explore pre-industrial and contemporary descriptions of the aged. Many views on aging are determined by their number in the population. The aged are not a problem in most pre-industrial societies because there are so few of them. Furthermore, they are not a problem simply because the societies are non-industrial. Few values in the culture of pre-industrial societies tend to increase the percentage of the aged. When the percentage does increase as it usually does when medical practices are introduced, the aged may then become a problem.¹

The kind of treatment the aged do receive is determined largely by the values of the society at any particular time and to some extent by the social-economic conditions of old people. The values which society holds toward its old people are partially the result of the stereotypes society has of people.

Pre-Industrial Society Views on Aging

Under primitive conditions, older people generally gain in influence and security with the gradual establishment of permanent residence, the

achievement of a stable food supply, the rise of agriculture and grazing and the development of the closely-knit family. Their security is further enhanced by the growth of magical and religious practices and by general knowledge and technical skills. Under agrarian economies, it is usual to provide for a gradual accumulation of prerogatives as one aged; and the assertion of them is a protection in old age. Some of the more important prerogatives of the aged in pre-industrial societies include: employment, property rights, family privileges and leadership. Each of these prerogatives will be discussed.

Opportunities for the old to work, are relatively few among tribes that wander to gather their food. Such opportunities are greater among hunters and fishers, and still greater among those who keep herds of animals. But the greatest chance for prolonged and useful employment is among the cultivators of the soil. Here the old shift so gradually to lighter and lighter tasks that they rarely lack, in old age, fruitful occupation, seldom suffer abrupt retirement, and usually are able to turn their hands to useful undertakings until very near the end of their days. ¹

In the agrarian and handicraft economies of the Middle Ages, aging persons are afforded ample opportunity for useful employment. The general situation can be illustrated by reference to contemporary Ireland, which is often described as an old person's country. Agrarian life there tends to set the norm of life for the whole country, certainly with respect

to the status and opportunity of the old. On the farms gainfully employed men over seventy are reported to be one in fourteen, as contrasted with one in fifty-six for general town occupation, and one in seventy-five for professional occupation.¹

A method of prolonged and effective participation in life is the exercise of rights and privileges won over a lifetime. A long life affords an opportunity to establish them securely and to hold onto life's affairs. Property ownership is an excellent example. It is among the most flexible, impersonal, and effective means of influencing others with a minimum of physical effort. Where such rights are firmly fixed, they generally enable the long-lived to profit from them.²

With such rights, the elderly is in a favorable position to influence others along lines of his, and probably their, interests, long after he is too enfeebled to accomplish much on his own. It is almost a certainty that wherever these rights are well-developed in society, there is a marked difference between growing old with property and growing old without it.

In primitive and agricultural societies another way in which the aging may exercise their rights is in family relationships. Within the bonds of kith and kin, the obligations of youth to age are so nearly universal that they cut across cultural differences and transcend historical eras. Not infrequently aging persons use such ties to very great advantage, finding in them not only support but also opportunities for participation in on-going life that reach far into senility and even beyond death, by

¹Ibid., p. 68.
way of a will.  

A relationship of special interest is the close association of very old with the very young. Frequently they are left together while the able-bodied members of the family go to secure the family "living." The older people protect and often instruct the children, while the children serve the old people.2

The position of the patriarch in Roman society illustrates the ultimate expression of the authority of the old. As Cicero put it:

Appius being, beside his extreme old age, also blind, ruled and kept (which was great), and extended the patronage of his supplient clients. For he had his mind bent like a bow, and never shrunk from his years, neither suffered his old age to have the victory over him. He reserved and kept his authority over all them that were under his charge, and his family was ready at this beck and commandment; his servants feared him, his children honoured and revered him, and all men entirely loved him. In his household the customs of his noble pedigree and ancestors, and the discipline of his country, took place effectually. For herein is old age honest and honorable, in defending and maintaining itself, in retaining and keeping its authority, in saving itself free from bondage and servitude, and in exercising rule and authority over them that are under his charge, even until the last hours of death.3

Under such a system the collective resources of kith and kin have backed up the individual, particularly when he, or occasionally she, has occupied a position of leadership and authority. Even in senesence, when younger relatives have taken over the active responsibilities, the elders hold their place in the household, "entertaining and instructing

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2Ibid., p. 471.

the grandchildren, helping with the work around the house, watching a baby, mending broken tools, and, if nothing more, giving their children a great sense of responsibility in watching over the health of their aged parents, humoring them even at the expense of conflict with other family members. It is such family structures, that have characterized the social systems of many different agrarian civilizations. They flourished in the Middle Ages, in China, Japan, ancient Greece, Rome; and they survived to some degree in isolated rural areas today.

The "crowning glory of old age," according to Cicero, is its "influence." In earlier cultures, both primitive and agrarian, prestige and power were found in chieftainships, official councils, regulative organizations, clubs, and secret societies. These and similar organizations provide effective positions of influence for enterprising older people, particularly those who have already demonstrated competence and responsibility in every day life.

Older people do maintain high levels of prestige, particularly in regard to ranges of knowledge, political functions, and magical and religious rites. Qualifications and vested interests in positions in these areas give them opportunity to prolong their control over a wide area of affairs. They are able to discipline, supervise, instruct, and counsel. They are in a position officially to launch undertakings critical to the well-being of the community, such as wars, or truces after wars; and in emergencies they are called upon to mediate between their fellow men and the supernatural powers which are believed to bring good luck or mis-

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fortune. The aging—particularly the gifted aging—are thus in frequent
demand for treating diseases, exorcising evil spirits, diving the future,
controlling the weather, and safeguarding the community in dangerous or
delicate situations. They are officiators at ceremonies marking birth,
initiation, death, and burial.¹

In primitive and agrarian societies it is standard practice for younger
people to turn to their elders for guidance and support; and the older
people whose lives have given them experience and, presumably, wisdom,
know it is wise to give freely of themselves, for thereby they gain great
influence. Indeed, because few persons in these societies reach any great
age, those who do have an enhanced value in their groups.

Contemporary Views on Aging

One of the values of western societies is that of preserving the
lives of the members of their population. Because of the nature of modern
industry value is also attached to speed, endurance, and dexterity charac-
teristics which are usually associated with youth. The culture which
makes it possible for people to live long; also denies to them that they
shall not perform certain activities during later years.

Norms and values change slowly even in an industrialized society.
The preceding discussions show that norms and values in pre-industrial
societies are clearly defined and well established. All societal members
are aware of the status position, rights, duties, and role expectations
of the aged members. Any unexpected event or circumstance involving the

¹Simone de Beauvoir, The Coming, p. 99.
aged is solved by the rules governing the culture and the solution is generally accepted by all concerned. The old long-established norms are not the controlling forces as they once were. However, this is not to say that norms involving the aged have been completely done away with. Some of the values still are held firmly with qualifications. For example, it is a value to honor one's mother and father; but specifically what does "honor" mean? Should honor be extended to all members of the society or just to one's parents? Does it apply when one's parents are healthy, active, and easy to live with as well as when they are poor, chronically ill and continually difficult to live with? The norms today are not structured to fit circumstances that vary widely. Norms regarding the treatment of the aged today are based on differences in social orientation.

Up to a certain point the state of the aged is analogous to that of a child, with whom the adult does not establish any reciprocal relationship. Families speak of a child who is extraordinary for his age and also of an old man who is extraordinary for his age; the extraordinariness lies in their being like human beings when they are either not yet or no longer men.

The characteristic mark of the adults' attitude towards the old is twofold. Up to a certain point the adult bows to the official ethic of respect for the aged that has asserted itself during past centuries. But it is in the adult's interest to treat the aged man as an inferior being and to convince him of his decline.

The remainder of this section will examine the stereotypes that society possess of the aged. However, the examination will not explore all of
the characteristics that are usually associated with older people. Rather a superficial investigation is made of some of these characteristics.

There is no doubt that anyone who has been observant carries in his mind a stereotype of the physical characteristics of older people. Most of the stereotypes which are associated with the aged applies to one specific individual, but it rarely if ever fits more than one person. Certain physical characteristics are noticed in both men and women, and when these characteristics appear or are poorly hidden it is said of the individuals that they are getting old or that they look old. Some of these physical characteristics which are most obvious are listed here. As men grow old their hair begins to turn grey and then white or it thins out and finally baldness occurs. Few women become bald but their hair thins out and becomes grey or white as they grow older. Both men and women begin to lose their hearing and their eyesight dims as they grow older. Depending on circumstances, most of them lose their teeth in later life. Facial skin as well as skin on the rest of the body loses its elasticity as one grows older. Wrinkles appear in the skin around the eyes, mouth, and forehead.¹

Although the internal organs cannot be seen, the effects of aging can be inferred by outward signs or by the way in which a person handles himself. Some of the characteristics which usually are associated with aging include a weak heart, hardening of the arteries, poor digestion, sluggishness in the digestive system, constipation, and a deterioration

of the kidneys and liver.¹

A series of studies has been conducted to determine the extent to which people of different ages subscribe to erroneous, and stereotype ideas concerning older people. Two different questionnaires have been devised for this study. One of these is designed to test the extent of stereotyping of the aged in general; the other tests the attitude of younger people toward the older worker. A majority of the statements on these questionnaires are negative or derogatory, presenting ideas which seem widely held by people about older people. The series of questionnaires has been given to public school pupils, undergraduate and graduate college students, parents of college students, and aged residents in the community and in nursing homes.

Most of the respondents believe that on the job older workers need more time to learn new plant operations and require more time to recover from injury and illness. Only about half of the respondents believe older people are slow and are more interested in security than in advancement. Less than one per cent of the respondents subscribe to the idea that older workers cannot win the confidence and loyalty of co-workers, that they have no ambition, that they are paid too much, and that they quit their jobs frequently. In general the study shows that respondents do not have very favorable ideas concerning the learning ability of older people. However, the respondents indicate a favorable attitude toward the aged concerning personal relations in work.²

¹Ibid., p. 285.

In a survey involving the attitudes of different age groups toward older people in general, the researchers found a great deal of variation in the acceptance of the statements between the categories of respondents. In general women tend to subscribe to erroneous or stereotyped statements more than men do and younger people tend to agree with erroneous or stereotyped statements more than older ones do. In another study the questionnaire is given to three groups of elders between ages 60 to 88. The findings of this study upheld the hypothesis that as individuals become less able to function in society they subscribe more to beliefs and erroneous ideas about older workers. Old people who are in close contact with society and are still able to function, do not hold negative ideas to the same degree as do the aged who are institutionalized.  

In these studies the researchers conclude that older people and those less able to function subscribe to erroneous and stereotyped statements because they are indicative of the concepts these people have about themselves and their adjustments. Older people have more intimate acquaintances with old age and are more inclined to accept the cultural expectations of decreasingly active roles of old people in the social-economic life. For example, it is generally believed by younger people that there is a sharp decline in the sexual urges of both men and women as they approach old age. However, there is some evidence that as some men and women have a weakening of the sex desire; they react by a more active sex life in some cases. To generalize, overt sexual experience is taboo and older people are supposed to repress these desires if they are present.  

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1 Ibid., p. 251.

2 John Maclachen, ed., Health in the Later Years (Gainesville, 1953), p. 64.
However, the tendency for most of the respondents seems to be to think of old age, in terms of physical disability. There seems to be substantial acceptance of misconceptions and stereotypes about old people and older workers. Responses as from students and university undergraduates indicate that they look upon old age as a period of life characterized by economic insecurity, poor health, loneliness, resistance to change and failing mental and physical powers. The responses seem to reflect the cultural expectations regarding the activities, personality characteristics and adjustments of older people. It is concluded that older people are living in a social climate which is not conducive to a feeling of adequacy, usefulness, security and good adjustment to old age.¹

In another study, a shorter list of erroneous and stereotyped statements are used to determine whether the attitudes which college students hold toward older people are influenced by frequency of contact, physical closeness of contact and intimacy of contact between themselves and older people. On the basis of the findings of this study, it is concluded that in terms of living arrangements, intimacy and frequency of close contact, of the sample of college students, their opinion toward older people do not vary to any statistically significant change.²

An extensive study has been made regarding the attitudes of young people as to the roles they believe older people should play. The questionnaire includes a long list of activities which people over the age

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¹ Jacob Tuckman and Irving Large, "Attitudes," p. 254.

of 65 might engage in. Some of the activities are generally considered "good things" for older people to do, others are not. Some of the items might be good for women to do but not for men or vice versa. The activities in the questionnaire involve clubs and neighborhood participation, church, family, work, and financial matters.

The activities which are strongly approved include the continuation of life as in middle age with "reasonable tapering off of the playing of specific old people's roles" which are regarded as permissive but not highly favorable. Activities that are viewed with indifference or mild disapproval include over-activity or prolonging activities of middle age beyond reason, carrying on in a slightly improvident or irresponsible manner, heavy involvement in the everyday life of adults, children, or activity on a level below that which is regarded as desirable for good citizenship or good social behavior. The activities which are rated with strong disapproval or complete inactivity and social isolation, acting much younger than one's age, and behaving immorally.¹

Views of aging in contemporary society seem to vary by age and sex. Furthermore, these views are perpetuated by stereotypes of the younger population. However, the values of society attach a stigma of less demanding status to the positions that the aged occupy.

Summary

In pre-industrial societies the notion of honor and respect is attached to being old. In these societies the cultural norms clearly

¹Ibid., p. 352.
dictate as to how the aged is to be treated. However, in contemporary societies the aged face a dilemma. There are no uniform prescribed norms as to what is right or not right for the aged to engage in. The aged in contemporary societies is helpless and confused either by personal values or by social definition. In essence, the aged in contemporary society is very much devalued.
CHAPTER III

SELECTED STATISTICAL DATA ON THE AGED POPULATION

The extraordinary extension of the average life in the United States during the last one hundred years is a unique phenomenon with far-reaching effects on society. Today longevity is more than seventy years. People living in the early Iron and Bronze Age Greece expect to live for only 20–30 years; the middle age for Mongols is 30 and very old is 40, but people in the United States can look forward to an average length of life of 70 years or more today.¹

The rise in life-chances during the past century is greater than that of the previous two thousand years, and it is concentrated in the period since 1890. This chapter is concerned with the social consequences of length of life. The social consequences are examined by reference to the demographic aspects of aging. Among the demographic characteristics of the elderly the investigator is especially concerned with the growth of the aged population, imbalanced sex ratios among the aged, types of marital status, level of educational attainment, geographic distribution and migration of the aged, and the rate of labor force participation.

Growth of the Aged Population in America

The number of persons sixty-five years and over in America for 1970

is over twenty million in a total population of nearly 206 million.\(^1\) This is more than sixteen times the number a century ago, 1870, when the census first became sufficiently detailed and definitive to permit a separate enumeration of this age group. At that time, only 1.2 million persons are 65 and over in the population. The number of aged doubles from 1870 to 1890 and by 1900 there are more than three million, which is shown in Table 1. This number was tripled by 1940 when there are more than nine million and this number in turn is doubled by 1970 when the number of the aged is over 20 million.

In 1970 the population 65–74 years of age accounts for 61.4 per cent of the aged population, those 75–84 years of age, 32 per cent and those above years of age 6.6 per cent.\(^2\) In this year half of the older population is 73 years of age or older. Also, in 1970 blacks who are 65 or more years of age represent 6.2 per cent of the total black population in that year.\(^3\) The age distribution of the black elderly roughly parallels that of the overall population. However, black age categories over 65 have a much higher growth rate than comparable groups in the total population.

The past century, then, has been a period of exceedingly rapid growth of the age population of the United States. Since 1960 the older population has grown faster than the total population as a whole with the aged increasingly by 21 per cent, while the total population grew by 13 per

\(^1\)U.S. Senate, Special Committee on Aging, The Multiple Hazards of Age and Race, by Inabel B. Lindsay, Joint Committee Print, Working Paper (Washington, 1971), p. 2.

\(^2\)Ibid., p. 7.

\(^3\)Ibid., p. 8.
### TABLE 1
NUMBER AND PER CENT OF POPULATION 65 AND OVER UNITED STATES 1900–1970

<table>
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<tr>
<th>Year</th>
<th>Number</th>
<th>Per Cent</th>
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</thead>
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</tr>
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<td>1940</td>
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<td>1950</td>
<td>12,270,000</td>
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</tr>
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<td>1960</td>
<td>16,560,000</td>
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<td>1970</td>
<td>20,050,000</td>
<td>9.8</td>
</tr>
</tbody>
</table>

Source: Data through 1960 is from U.S. Bureau of the Census, 1961, Table 47. Data for 1970 is from U.S. Bureau of the Census, 1971, Table 2.

The faster rate of growth of the aged population, of course, leads to a major increase in the percentage of aged in the total population, that is to say, to significant aging of the population. Donald Cowgill predicts that if the trend of aged population growth continues, the United States is sure to become an "aged" population within the very near future, probably, within the next decade.  

1 Southern Regional Demographic Group, "Needed Research on the Demographic Aspects of Aging," a publication of Oak Ridge Associated Universities, 1973, p. 5 (Mimeoographed.)

Life Expectancy of the American Population

The most popular explanation of the increase in the number of older persons is in terms of declining mortality. Death rates have fallen, people are living longer and thus the number of older persons is increasing. In terms of recent mortality rates, the average infant at birth may expect to live about 70 years.¹ Compared with primitive population in which a child has only about a 50-50 chance of even reaching maturity. Various life tables indicate a life expectation of about 40 years during the middle of the nineteenth century. The life table of 1900, which is based on data from twelve registration states is 49.2. In 1950 the life expectation of the total population, using complete data for the entire country, is 68.1 years. By 1960 the life expectation is 69.7 for the total population.²

Throughout history, the average length of life of females has been greater than that of males likewise; the average length of life of whites has been greater than that of nonwhites. White female life expectancy is 78.3 years while white male life expectancy is 76.3.

While longevity among nonwhites in the United States has continued to increase the life expectancy for nonwhite males and females is distinctly below that for comparable categories of whites. In 1970, the life expectancy at birth for nonwhite males is 60.5 years and 68.4 for females.³ The discrepancy between nonwhite males and females closely

²Adeline M. Hoffman, ed., The Daily Needs, p. 45
³Southern Regional Group, p. 7.
corresponds to that of the white population. Much of the greater margin of increase for females is due to the drastic reduction, almost the elimination of risk of death in childbirth.

**Unbalanced Sex Ratios Among The Aged**

The greater life expectancy of females of course results in a greater number of females in the older population. Whereas, the sex ratio of the total population including all ages, is only 103.1 females per one hundred males, for the population 65 and over, the ratio increases to 130.6 or an excess of thirty-one females per 100 males.\(^1\) Stated in another way, this means that in the aged population, there are about four females to each three males.

Since the death rate for males is higher at all ages than it is for the females, the proportion of females increases steadily with age. At age 65 to 69, the sex ratio is 119.8 females per one hundred males, but increases to 161.4 at ages 70 to 74, to 135.8 at ages 75 to 79, to 149.2 at ages 80 to 84; and to 161.4 at ages 85 and over. Thus, by the age of 85, the ratio has increased to about five females for each male.\(^2\)

In 1970, the 809,000 black females 65 or more years of age, represent 6.8 per cent of the total black female population, whereas the 608,000 black males, 65 or more years of age represent 5.6 of the total black male population.\(^3\) Both the aged black males and females have increased numerically over the decade 1960 to 1970, but the proportion of aged black males

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\(^1\) U.S. Senate, Special Committee on Aging, p. 10.

\(^2\) Ibid., p. 11.

have declined from 6.1 per cent in 1960 to the already mentioned 5.6 per cent in 1970. Among the females the aged population experience in a proportionate increase from 6.5 in 1960 to 6.8 in 1970. On the other hand, aged males in the white population represent 10.2 per cent of that total population, while aged females represent 11.5 per cent of the total white female population.¹

These unbalanced sex ratios among the aged have a very significant impact upon the marital status of the aged, which is to be presented next.

**Marital Status of the Aged**

Because of the greater life expectancy of females and that husbands are usually two to three years older than their wives, there is a great excess of widows among the aged population. Among the total population 65 and over in 1970, a little more than one-fifth of the men were widowed.

The counterpart of these figures is the fact that about two-thirds of the males 65 and over are married and living with their spouses while only a little more than one-third of the women 65 and over are married and living with their husbands. Many of the husbands 65 and over have wives who are under 65; this is the main explanation for the differences in marriage statuses among males and females.²

Marital status changes with increasing age and this applies to people over 65 as well as those who are younger. With increasing age, beyond 65, the proportion of persons widowed continues to rise and the proportion

¹Southern Regional Group, p. 9.
²Ibid., p. 11.
currently married declines. For example, in 1970, whereas only 12 per cent of the males (including all races) 65-74 years of aged are widowed, the percentage rises to 34 for those 75 and over. For females, (including all races), both percentages are much higher, but the change is in the same direction and is greater in degree; 44 per cent of those 65 to 74 are widowed and the percentage rises to 71 per cent for those 75 and over.

Marital status of the aged population differ not only by sex but by race as well, (see Table 2). The proportion of the black aged widowed is higher than their white counterpart in all age groups, except for ages 85 and over where widowhood percentages decline for blacks. The percentage of aged black males single are higher than aged white males, but the percentage of aged black females single is lower than that of aged white females. In both groups the single percentage is higher among those 85 and over. The percentage of the aged separated from their spouses is higher among the elderly blacks with black males having the highest percentages. The higher percentages of separations occur in the age groups 65-69 for black males, white males, and white females; whereas ages 70-74 separation is higher for black females. Similarly, to separation, divorce is higher among blacks than whites however; in both groups and sexes the higher percentage of divorce occurs in the age group 65 to 69.

Educational Attainment of the Aged

America's aged grew up in a period when the principle of universal education was just becoming established and before education had become acknowledged everywhere as a state function which must be enforced by compulsory attendance laws. In view of this, it is not surprising that for the population which is 65 years of age and over today, the median years
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<th>Age and Color</th>
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<th>Single</th>
<th>Total Married</th>
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<th>Spouse Absent</th>
<th>Separated</th>
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of school completed is only 8.4 years. This indicates that the standard level of education in that era, even if not universally compulsory, is an elementary education.

In 1970 the median years of schooling for elderly black women is a sixth grade level and a fourth grade level for black men. Sixteen per cent of elderly blacks are estimated to be illiterate, whereas two per cent of elderly whites. As these generations die off in the next decade or two and are replaced by younger generations with greater education, the educational level of the aged population will be raised higher.

Geographic Distribution and Migration of the Aged

The distribution of the older population is frequently measured by comparing the percentage of aged of the total population in a given area with the national proportion in order to determine what constitutes an aging area. Thus in 1970, twenty-three states have larger proportions than the national average of 9.8 per cent. But only one state, Florida, with 14.5 per cent exceeds the national average by more than 2.5 percentage points. The other twenty-eight states have less than 9.9 per cent of the aged with Hawaii 5.7 per cent and Alaska 2.3 per cent.

A high percentage of the aged does not necessarily indicate the largest numbers of the aged. Older Americans are dispersed in the larger states in a pattern fairly similar to that of the total population. For

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2 Ibid., p. 436.
3 Southern Regional Group, p. 13.
example, the three most populous states: California, New York, and Pennsylvania contain 21.5 per cent of the population 65 years and over in the United States and 24.6 per cent of the total population.¹

Although eight states show decreasing proportions of aged, the national trend has been towards increasing proportions. Forty-two states show increases in their percentages of the aged in both 1950 to 1960 and 1960 to 1970.

The aged black population, although 7.8 per cent of the total aged population, in urban areas, 6.5 per cent is 65 and over, while 8.7 per cent of the rural population is aged. The aged black population also shows the highest proportions in rural towns between 1,000 and 2,500 population and small urban areas of 2,500 to 10,000 inhabitants.²

The District of Columbia constitute 42.0 per cent of aged blacks. They do not reach that proportion in any other area. In Mississippi aged blacks represent 35.6 per cent of that state's total aged population.³

The general pattern is that aged blacks tend to constitute a larger proportion of the aged in those states where the proportion of blacks within the state is also higher and these tend to be southern states. There is relatively little proportionate variation between the aged black males and females. In some states there are more aged black males than black females such as in Alaska, Arizona, Hawaii, Idaho, Montana, and Nevada. More aged females than males, are in California where there are 39,522

¹Ibid., p. 14.
³Ibid., p. 11.
aged females and 29,218 black aged males in 1970. However, the largest concentration of aged black females is found within the state of New York principally New York City, whereas the largest concentration of aged black males is within the state of Texas.¹

Varying proportions of the aged are the result of the relationships between fertility, mortality, and migration. Although a decrease in fertility accounts for increasing proportions of the aged, migration is also highly significant in altering the distribution of the aged population. An important research concern is to establish whether the area is being depleted by substantial out-migration of the younger population or supplemented by in-migration of the older population. The aged living in urban areas increased by 6.5 per cent and the rural aged by 7.9 per cent.² Clearly the rural aged contributed more to the growing proportions of the elderly in the United States. Cowgill suggests that the pattern, has been quickly shifting and cities once composed of the young, have been losing younger populations through suburban migration and subsequently are left with high proportions of older people.³

As the United States become increasingly urbanized, the use of a simple urban-rural distinction loses a great deal of meaning. Rural places of 1,000 to 2,500 inhabitants show the greatest concentration of aged; whereas 13.6 per cent of the total rural non-farm population is 65 and over in 1970, the farm population contained only 9.6 per cent aged,

¹U. S. Senate, Special Committee on Aging, p. 15.
²Southern Regional Demographic Group, p. 17.
³Ibid., p. 18.
which is somewhat below the national average.\(^1\) This suggests that old people have been increasingly moving off the farm at retirement age and moving into small towns, but young persons are leaving such areas, especially those experiencing depressed economic conditions.

Although young adults predominate movers, the aged population is not completely stationary. The aged have lower mobility rates than any other age group and generally move for different reasons. Using 1960 census data, Lenzer found that 64 per cent of the aged remained in the same house, in contrast with 50 per cent of the total population for the five years preceding the 1960 census. The nature of the move (intra-county, intra-state, or inter-state), the age of the mover and reasons for moving are identified in a study of mobility patterns.\(^2\)

Mobility patterns of the aged remained constant between 65-74, but increases after age 75. This presumably reflects changes in association with retirement, widowhood and institutionalization. As those single or widowed are more likely to move than married individuals, but is hypothesized that women predominate among elderly movers, both in terms of absolute numbers and proportions.

The elderly tend to move for somewhat different reasons than the young. In contrast, to younger people, for whom economic considerations are most commonly cited as reasons for moving, the elderly seek better climates, special housing or care facilities, and opportunities to be near or live with relatives, and possibly lower costs of living.\(^3\) The large

\(^1\) Ibid., p. 19.

\(^2\) U.S. Senate, Special Committee on Aging, p. 17.

\(^3\) C. Goldsheider, "Differential Residential Mobility of the Older
net migration to Florida shows the desire for better climate and special housing. In a sample survey of the Los Angeles SMSA, dissatisfaction with current housing and neighborhood accounts for a large share of the mobility behavior among older persons, while economic and employment reasons explain less than a fifth of the moves.  

Employment and Unemployment Among the Aged

Most job retirement plans set a fixed age at which withdrawal from the labor force is obligatory. This is 65 for most, although regulations, in some plans are flexible enough to permit continuing employment under certain conditions up to age 70. This section examines, by race and sex, the extent of the aged's participation in the labor force, the age of withdrawal from it, and the reasons for withdrawal.

Black men at older ages show almost the same participation in the labor force as white men. Also, in the oldest age group, the rate of participation in the labor force is again approximately the same for black and white males. However, there is a greater participation in the labor force by aged black women than white aged women.

Unemployment rates are corollary to employment rates. The unemployment rates for aged black males are higher than for aged white males. However, the unemployment rate among aged white females is higher than that of the aged black females. It is probable that black women consider themselves employable and are in the labor market longer, while white females


1Ibid., p. 107.
withdraw from the labor force in greater numbers and at earlier ages.

Additional insight into employment and unemployment picture of the older workers is supplied by examining the reasons for withdrawal from the labor force. Black males 65 and over cite ill health and inability to secure employment more frequently and retirement and old age is cited more frequently by white aged workers. Black aged females give ill health and disability for withdrawal and white aged females cite home responsibility.\(^1\)

Since ill health and disability are offered as reasons for non-participation by blacks more often than whites, an examination of factors related to health is important. The health status of the elderly by race and sex are examined in the following chapter.

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\(^1\)U.S. Senate, Special Committee on Aging, p. 19.
CHAPTER IV

HEALTH STATUS OF THE AGED

The illnesses of the aged are not unique in type, but result in more prolonged disability. Some few illnesses are directly attributed to aging and its affects. Thus, this chapter focuses on those diseases. Also, this chapter examines the rates of illnesses and diseases among various aged groups. However, in this chapter no attempt is made to cover all the diseases and illnesses of the aged. Only certain broad areas important to the health status of the elderly, as well as some of the diseases which have a higher incidence in this age group are presented. Furthermore, psychological and sociological factors affecting health are examined.

The drastic rise in the number of the aged persons in the population provides only one dimension of the total problem. A great alteration also has occurred in the health profile of persons at all age levels, but particularly among the elderly.

Examination of their health status gives important added information. Many of the acute infectious diseases have been eliminated and drastically reduced. This has come about largely through improved medical treatment plus public health measures such as sanitation, quarantine, and immunization. However, successes in this area have undoubtedly created the newer problem of an increase in chronic diseases. Thus, it is these disabling diseases that hit hardest at the older population.
Some Diseases Affecting the Elderly

Arteriosclerotic Heart Disease. There is some evidence that mortality from arteriosclerotic heart disease is on the increase. This is true for both sexes, for all races, and at all age groups. This fact raises many questions regarding the influence of external factors on both the incidence of, and the response to, coronary arterosclerosis. There is also a notable variation in mortality in various areas of the United States. The states in the Northeast have one and one-half times the incidence seen in the central plains states.1

Presbycardia. The presence of a specific disease of the heart is proposed by William Dock.2 The high incidence of coronary artery lesions in the elderly makes it difficult to judge the independent effect of changes in heart muscles, but rare cases are seen in which no other apparent cause of congestive failure can be found.

Complete Heart Block. At one time, the occurrence of complete heart block, particularly in an older individual, is considered another manifestation of coronary artery disease. More recent observations show that this condition is a result of other changes. However, this condition is caused by an extension of the aging process.3

Cerebral Thrombosis and Hemorrhage. There is a rising incidence of both cerebral thrombosis and hemorrhage in older age groups.4 The causes

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1 Ewald W. Busse, Behavior and Adaptation, p. 40.
2 Ibid., p. 42.
4 Ibid., p. 40.
of these conditions are a result of small microaneurysms which is in close correlation with advancing age.

**Osteoporsis.** This condition is characterized by a thinning of the cortex of long bones and thinning of the vertebral bodies due to decreased formation of bone matrix. Osteoporsis has many causes, including immobilization, decrease of estrogen production, and steroid administration. A specific form is recognized which is related to senility.

Except for back pain, the condition is usually asymptomatic, and is usually an incidental finding or is discovered as a result of a fracture.

Stated in terms of "most prevalent diseases" and "chronic conditions" the process of aging seem to lead inevitably toward disability, dependence, and despair.

At the present time very little is known about how to prevent or cure these "most prevalent diseases." It is not known how to prevent arteriosclerotic heart disease or diabetes. It is not known how to prevent arthritis, or cancer, or a host of other diseases. However, there is an abundance of knowledge on how to prevent or modify illness and disability resulting from these "most prevalent diseases."

The next portion of this chapter examines selected health data on the aged with regard to race. This examination is necessary to understand differences that exist among age groups. Bodily changes occur differently and at different times in various individuals. Not only does aging proceed at different rates in different individuals, it proceeds at different

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1 Ibid., p. 42.
2 Ibid., p. 45.
rates in different systems of the same individuals. Also, these bodily changes occur differently among aged persons of different races.

The following presentation provides an examination of physician visits annually, percentages of persons with chronic conditions and limitations on activity, number of bed-disability days annually and finally mortality rates.

There is a lower rate of physician visits by aged blacks than by aged whites for both males and females, although frequency of physician visits increases as age advances.¹ All aged women resort to services of physicians more often than men, but aged black women less often than aged white women. The rate of use by aged black women is closer to the rate of aged white males than to white aged females.²

These findings cannot be taken to be indicative of better health on the part of blacks because of the less frequent use of physician's services. Instead, limited financial resources is an important variable to securing medical services. Other factors which may serve to some extent as determinant of medical use among aged blacks are: the scarcity of medical personnel and facilities and negative attitudes about certain personnel in some health facilities.

Some statistics from health sources indicate a greater perception of chronic conditions among whites than blacks, however, other statistics show chronic conditions to be greater among blacks. Thus, this discrepancy may be due to differences in data collection and data collection accuracy. To explain the difference in chronic conditions among the aged data from Vital and Health Statistics are utilized.

¹U.S. Senate, Special Committee on Aging, p. 22.
²Ibid., p. 23.
The prevalence of heart disease, a major chronic disease, is higher for blacks than whites. About 16 per cent of the adult male population has heart disease of all types, where black males are about 36 per cent.¹ A stronger differential exists comparing the older adult population by race. For instance, black males 65-74, 56.9 per cent have a definite heart disease; black females 65-74, 70.1 per cent have a definite heart disease.² These percentages drop drastically for white males and females of that aged group, the percentage is 31.3 per cent for males and 43.5 per cent for females.³ In older aged groups the percentage reduces with black males¹ percentages lower than their white counterparts. The percentage for aged females is higher in both racial groups at all ages, with black females having the highest percentage. About two-fifths of those 65 years and over of age suffer a limitation in their ability to do their regular work or housework due to some chronic condition, with a clear racial differentiation unfavorable to blacks. The per cent of blacks with one or more chronic conditions that cause a limitation on activity is 54 per cent, whereas, the per cent of whites is 45 per cent.⁴

The number of blacks 65 and over suffers a third more disability days than whites. An examination of prior employment pattern and the effect of these on health is necessary to understanding bed-disability.

Mortality rates provide a final confirmation of great health hazards

²Ibid., p. 16.
³Ibid., p. 20.
⁴Ibid., p. 21.
in aged blacks and whites. The death rates for ages 65 to 74 is lower for both races and sexes. Death rates for both white males and females are higher than blacks at all ages over 74.1

Closely related to the health factors of the elderly is the cost of illness. It is assumed that Medicare and Medicaid greatly relieve the strains and high cost of medical care for the elderly. Moreover, it is assumed that Medicare, the insurance program, makes medical care much more available for the aged existing on reduced income and that Medicaid provides resources for indigent aged. However, some features of Medicare operates to limit its effectiveness in providing adequately for the aged on reduced incomes.

Increased longevity and the enlarging aging population confront society with many different problems. In considering the health of the aged emphasis is not given to the term wellness, and little attention is directed at activities which protect and maintain the health of the elderly. Complicating the total problem is the prevailing attitude toward the abilities and potentials of the elderly from the standpoint of health and social worth.

Total health is closely interrelated with psychological and sociological aspects of aging. An understanding of these interrelationships is essential to viewing the health of the aged.

Economic insecurity is an important consideration. For many Americans, old age is a period of declining standard of living, often reaching the point of real economic deprivation. Even when extreme poverty is not involved, economic insecurity may affect the self-esteem and position in

1Ibid., p. 26.
society of the older person, and this, in turn can and does have adverse effects on the mental and physical health of the individual.

Inactivity of retirement has serious implications for the aged and for increasing numbers of aging. Growing numbers of persons in their fifties and even in their forties are being displaced in the labor market as a result of automation, and are in the unenviable position of being "too old to work, too young to retire."\(^1\) Studies indicate that prolonged inactivity has tremendous effects on both mental and physical health.

The prestige loss that often comes with aging can have a pronounced impact on the health of the individual. This is, of course, psychological, but gives rise to withdrawing and disengagement from the mainstream of life.\(^2\)

Older persons, particularly those residing in urban areas, often become socially isolated and lonely. Studies point to the fact that social isolation and loneliness can lead to mental and physical deterioration, and that the process can be reversed when opportunities are provided for meaningful social participation to the limit of individual physical and social capabilities.

Physical and mental capabilities generally decrease in old age. For many persons, this process is accompanied by severe psychological shock reactions which are culturally sanctioned. It is significant that studies of the aged emphasize the fact that some of the physical complaints of older persons reflect more psychological than physical difficulties. It

\(^2\) Ibid., p. 220.
would be a mistake to over-simplify the many changes that are a part of
the normal aging process. At the same time, it would be a serious mis-
take to disregard or treat lightly all those factors which affect physical
health and well-being in the later years.

Thus, when considering the health status and the health needs of
aged persons, the term health should be used in the broadest sense, to
embrace well-being and the many related factors which bear directly upon
health. These factors should include psychological, sociological, and
economic problems that exist or arise independently of or along with
physical illness must be considered as an important part of the total
health problem.

The remainder of this chapter briefly states some effects of physi-
cal age changes. The risk of accidents among the elderly is increased
by such general physical changes as impaired vision and hearing, loss of
the sense of smell, and slower reflexes.\(^1\)

Climate is not significant in the maintenance of good health or on
the process of aging. However, certain respiratory diseases, for example
are less prevalent in warm climates; arthritics often feel more comfortable
in warm places.\(^2\) Although climate may not be a decisive factor in health
of all the aged, it is true that as the body ages, it loses some of its
ability to adjust to extreme temperature variations in the environment.
Elderly persons need to protect themselves against extreme cold (which
causes narrowing of blood vessels and may therefore put a greater strain
on the heart), extreme dampness, and over-exposure to sun, heavy winds,

\(^1\)John Maclachen, ed., Health, p. 85.

\(^2\)Ibid., p. 92.
or any other extreme of weather.\footnote{Ibid., p. 93.}

A vital first step in approaching the total problem is a comprehensive program of education for all concerned with the health and well-being of the elderly. This program has to direct itself to each and every aspect of the individual aged's life that may have a direct or indirect bearing on his health.
CHAPTER V

SUMMARY AND CONCLUSION

This study has had as its purpose the analysis of the aged population in terms of three problems. The first problem is how does a society's norms and values shape the general views of old age? Secondly, how does race relate to the demographic aspects of aging? Finally, how has industrialization and other forms of advanced technology affected the health status of the aged population? By analyzing these problems, a composite picture of the status of the aged in the United States is obtained.

The major findings of this study may be summarized as follows:

1. In pre-industrial societies the notion of honor and respect is attached to the aged.

2. In contemporary industrial societies, the aged are not valued due to the importance placed on speed and endurance.

3. In most societies whether or not the aged is a problem depend upon their number within a particular society.

4. In the aged population variations by race on certain demographic characteristics is closely equal to the race variations that exist in younger age groups.

5. For the aged population, mortality from certain diseases peculiar to the aged have not declined. Moreover, mortality from certain diseases has increased.

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Conclusion. This study of the aged population reveals that due to advanced technology and other forms of industrialization, the number of the aged persons have increased greatly. However, at the same time society's treatment of the aged seems to classify them as misfits. In recent years gerontologists have taken new steps in examining the problems of the elderly. The remainder of this chapter discusses briefly the new trends in gerontology. These trends are discussed in three parts: general trends in gerontology, gerontology trends in demography, and trends in studying the black aged.

General Trends in Gerontology. Gerontology research in the present as in the past continues to have implications for policy. Also, today the emphasis is on how different disciplines can come together and address themselves to the basic issues of research affecting aging. Gerontologists are further stressing that research on the aged must increasingly reexamine the functional value of the variables used. Furthermore, attention is placed on the urgency for the collection of hard data on the aged. Complete reliance is no longer placed on longitudinal studies alone. To save time, longitudinal and cross sectional approaches are combined. There is increasing reliance placed on smaller samples which do not negatively affect reliability and validity. There is a trend among gerontology researchers not to superimpose definitions of social phenomena on their subjects. Emphasis is on how the aged define or conceptualize the social phenomena in question.

Today gerontologists recognize that the real problem facing the field is not to demonstrate that people have needs but rather to demonstrate some
means of meeting those needs with the resources at hand.¹

Demography Trends in Gerontology. Traditionally, demographers' approach the study of aging is by examining how fertility, mortality, and migration interact to produce a given age structure. The emergence of aging populations in the process of the demographic transition is well documented in numerous publications.

A new level of demographic analysis is emerging, however, with wider implications for gerontology. Aging in this sense, is viewed as a dynamic multiple process. Since demographers now define aging as a continuous variable, the interest is shifting to social, psychological, economic and medical variations at different ages. Also, attention is given to those factors affecting the survival conditions of the aged's rates of morbidity, disability, institutionalization and family composition, and the demographic and socio-economic determinants of these events.

The aged in this new perspective are treated as an heterogeneous group with respect to several relevant variables. This type of approach is useful for the gerontologist in his attempts to understand the need of various elderly groups.

Research into the demographic aspects of aging involve shortcomings in both the nature and the quality of available data sources. Thus, in demography the present state of methodological development regarding the aging population suggests four needs:

1. Finer breakdowns of age for those 50 years of age and older.

¹Zena Smith Blau, Old Age, p. 65.
2. More extensive cross-tabulations of social, economic, housing, and other conditions by age.

3. Further analyses of aggregate data for identifying relevant variables.

4. Expanded development of longitudinal studies, special surveys and data banks for determining causal relationships.\(^1\)

Demographers have taken steps to employ their new level of analysis. For example, a research project is currently underway at the Duke University Center for Demographic Studies to investigate the linkages between multiple causes of conditions of death that are listed on certificates and what is the variation by age, sex, and other factors.

**Gerontology Trends in Studying the Black Aged.** Generally, the research which has appeared within the past several years has focused more upon the identification of racial similarities and differences among the aged. Recent gerontologists' concern with the black aged have established research areas that they consider of high priority. One of these areas is longitudinal studies of the aged black especially in the central cities utilizing random samples and emphasizing interactional effects of all relevant socio-cultural and psychological factors upon their aging. A second area involves the identification of significant black aged homogeneous subgroups within the larger population of black aged, which could, in turn, be compared in furthering the search of the commonalities of aging, where the results of such comparisons could be related to similar ones from other racial and ethnic aged group. A final area deals with determining the validity and reliability of various facts regarding the black aged.

\(^1\)Southern Regional Demographic Group, p. 25.
A recent main emphasis has been upon the training and developing of black gerontologists. Emphasis is also placed upon providing scholarships and other funds and the establishment of a college training program in gerontology.

If these various research areas are carried out to their fullest, the research findings would be quite beneficial to various administrators of programs throughout the country for the aged.

Although many significant contributions to the knowledge of aging will continue to be made by individual investigators working in universities, hospitals and government laboratories, it is clear that, because of the complexity and importance of the problem in gerontology, the organization of research institutes devoted exclusively to gerontology must be increased. These institutes would give opportunity for more frequent daily contacts between workers in many scientific disciplines and will encourage more coordinated programs in which the techniques of many different fields of science can be applied simultaneously to the same subject matter material.
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