

11.4.4: Challenges Facing the Elderly

Learning Objectives

By the end of this section, you should be able to:

1. Interpret the historical and current trends of poverty among elderly populations
2. Recognize ageist thinking and ageist attitudes in individuals and institutions
3. Identify risks factors and outcomes regarding mistreatment and abuse of elderly individuals

Aging comes with many challenges. The loss of independence is one potential part of the process, as are diminished physical ability and age discrimination. The term **senescence** refers to the aging process, including biological, emotional, intellectual, social, and spiritual changes. This section discusses some of the challenges we encounter during this process.

As already observed, many older adults remain highly self-sufficient. Others require more care. Because the elderly typically no longer hold jobs, finances can be a challenge. And due to cultural misconceptions, older people can be targets of ridicule and stereotypes. The elderly face many challenges in later life, but they do not have to enter old age without dignity.

Poverty



Figure 11.4.4.1: While elderly poverty rates showed an improvement trend for decades, the 2008 recession has changed some older people's financial futures. Some who had planned a leisurely retirement have found themselves at risk of late-age destitution. (Credit: (a) Michael Cohen/flickr; Photo (b) Alex Proimos/flickr)

For many people in the United States, growing older once meant living with less income. In 1960, almost 35 percent of the elderly existed on poverty-level incomes. A generation ago, the nation's oldest populations had the highest risk of living in poverty.

At the start of the twenty-first century, the older population was putting an end to that trend. Among people over sixty-five years old, the poverty rate fell from 30 percent in 1967 to 9.7 percent in 2008, well below the national average of 13.2 percent (U.S. Census Bureau 2009). However, given the subsequent recession, which severely reduced the retirement savings of many while taxing public support systems, how are the elderly affected? According to the Kaiser Commission on Medicaid and the Uninsured, the national poverty rate among the elderly had risen to 14 percent by 2010 (Urban Institute and Kaiser Commission 2010).

Before the recession hit, what had changed to cause a reduction in poverty among the elderly? What social patterns contributed to the shift? For several decades, a greater number of women joined the workforce. More married couples earned double incomes during their working years and saved more money for their retirement. Private employers and governments began offering better retirement programs. By 1990, senior citizens reported earning 36 percent more income on average than they did in 1980; that was five times the rate of increase for people under age thirty-five (U.S. Census Bureau 2009).

In addition, many people were gaining access to better healthcare. New trends encouraged people to live more healthful lifestyles by placing an emphasis on exercise and nutrition. There was also greater access to information about the health risks of behaviors such as cigarette smoking, alcohol consumption, and drug use. Because they were healthier, many older people continue to work past the typical retirement age and provide more opportunity to save for retirement. Will these patterns return once the recession ends? Sociologists will be watching to see. In the meantime, they are realizing the immediate impact of the recession on elderly poverty.

During the recession, older people lost some of the financial advantages that they'd gained in the 1980s and 1990s. From October 2007 to October 2009 the values of retirement accounts for people over age fifty lost 18 percent of their value. The sharp decline in the stock market also forced many to delay their retirement (Administration on Aging 2009).

Ageism



Figure 11.4.4.2: Are these street signs humorous or offensive? What shared assumptions make them humorous? Or is memory loss too serious to be made fun of? (Credit: Tumbleweed/flickr)

Driving to the grocery store, Peter, twenty-three years old, got stuck behind a car on a four-lane main artery through his city's business district. The speed limit was thirty-five miles per hour, and while most drivers sped along at forty to forty-five mph, the driver in front of him was going the minimum speed. Peter tapped on his horn. He taunted the driver. Finally, Peter had a chance to pass the car. He glanced over. Sure enough, Peter thought, a gray-haired old man guilty of "DWE," driving while elderly.

At the grocery store, Peter waited in the checkout line behind an older woman. She paid for her groceries, lifted her bags of food into her cart, and toddled toward the exit. Peter, guessing her to be about eighty years old, was reminded of his grandmother. He paid for his groceries and caught up with her.

"Can I help you with your cart?" he asked.

"No, thank you. I can get it myself," she said and marched off toward her car.

Peter's responses to both older people, the driver and the shopper, were prejudiced. In both cases, he made unfair assumptions. He assumed the driver drove cautiously simply because the man was a senior citizen, and he assumed the shopper needed help carrying her groceries just because she was an older woman.

Responses like Peter's toward older people are fairly common. He didn't intend to treat people differently based on personal or cultural biases, but he did. **Ageism** is discrimination (when someone acts on a prejudice) based on age. Dr. Robert Butler coined the term in 1968, noting that ageism exists in all cultures (Brownell). Ageist attitudes and biases based on stereotypes reduce elderly people to inferior or limited positions.

Ageism can vary in severity. Peter's attitudes are probably seen as fairly mild, but relating to the elderly in ways that are patronizing can be offensive. When ageism is reflected in the workplace, in healthcare, and in assisted-living facilities, the effects of discrimination can be more severe. Ageism can make older people fear losing a job, feel dismissed by a doctor, or feel a lack of power and control in their daily living situations.

In early societies, the elderly were respected and revered. Many preindustrial societies observed **gerontocracy**, a type of social structure wherein the power is held by a society's oldest members. In some countries today, the elderly still have influence and power and their vast knowledge is respected. Reverence for the elderly is still a part of some cultures, but it has changed in many places because of social factors.

In many modern nations, however, industrialization contributed to the diminished social standing of the elderly. Today wealth, power, and prestige are also held by those in younger age brackets. The average age of corporate executives was fifty-nine years old in 1980. In 2008, the average age had lowered to fifty-four years old (Stuart 2008). Some older members of the workforce felt threatened by this trend and grew concerned that younger employees in higher-level positions would push them out of the job market. Rapid advancements in technology and media have required new skill sets that older members of the workforce are less likely to have.

Changes happened not only in the workplace but also at home. In agrarian societies, a married couple cared for their aging parents. The oldest members of the family contributed to the household by doing chores, cooking, and helping with child care. As economies shifted from agrarian to industrial, younger generations moved to cities to work in factories. The elderly began to be seen as an expensive burden. They did not have the strength and stamina to work outside the home. What began during industrialization, a trend toward older people living apart from their grown children, has become commonplace. As you saw in the opening, children of older people can also feel guilt, sadness, and sometimes anger at both taking care of aging parents and with accepting that their parents are losing their abilities. Living apart, especially if an older person is moved to a nursing home or other facility, can often exacerbate these issues.

Mistreatment and Abuse

Mistreatment and abuse of the elderly is a major social problem. As expected, with the biology of aging, the elderly sometimes become physically frail. This frailty renders them dependent on others for care—sometimes for small needs like household tasks, and sometimes for assistance with basic functions like eating and toileting. Unlike a child, who also is dependent on another for care, an elder is an adult with a lifetime of experience, knowledge, and opinions—a more fully developed person. This makes the care-providing situation more complex.

Elder abuse occurs when a caretaker intentionally deprives an older person of care or harms the person in his or her charge. Caregivers may be family members, relatives, friends, health professionals, or employees of senior housing or nursing care. The elderly may be subject to many different types of abuse.

In a 2009 study on the topic led by Dr. Ron Aciermo, the team of researchers identified five major categories of elder abuse: 1) physical abuse, such as hitting or shaking, 2) sexual abuse, including rape and coerced nudity, 3) psychological or emotional abuse, such as verbal harassment or humiliation, 4) neglect or failure to provide adequate care, and 5) financial abuse or exploitation (Aciermo 2010).

The National Center on Elder Abuse (NCEA), a division of the U.S. Administration on Aging, also identifies abandonment and self-neglect as types of abuse. The table below shows some of the signs and symptoms that the NCEA encourages people to notice.

Type of Abuse	Signs and Symptoms
Physical abuse	Bruises, untreated wounds, sprains, broken glasses, lab findings of medication overdose
Sexual abuse	Bruises around breasts or genitals, torn or bloody underclothing, unexplained venereal disease
Emotional/psychological abuse	Being upset or withdrawn, unusual dementia-like behavior (rocking, sucking)
Neglect	Poor hygiene, untreated bedsores, dehydration, soiled bedding
Financial	Sudden changes in banking practices, inclusion of additional names on bank cards, abrupt changes to will
Self-neglect	Untreated medical conditions, unclean living area, lack of medical items like dentures or glasses

The National Center on Elder Abuse encourages people to watch for these signs of mistreatment. (Credit: National Center on Elder Abuse)

How prevalent is elder abuse? Two recent U.S. studies found that roughly one in ten elderly people surveyed had suffered at least one form of elder abuse. Some social researchers believe elder abuse is underreported and that the number may be higher. The risk of abuse also increases in people with health issues such as dementia (Kohn and Verhoek-Oftedahl 2011). Older women were found to be victims of verbal abuse more often than their male counterparts.

In Aciermo's study, which included a sample of 5,777 respondents aged sixty and older, 5.2 percent of respondents reported financial abuse, 5.1 percent said they'd been neglected, and 4.6 endured emotional abuse (Aciermo 2010). The prevalence of physical and sexual abuse was lower at 1.6 and 0.6 percent, respectively (Aciermo 2010).

Other studies have focused on the caregivers to the elderly in an attempt to discover the causes of elder abuse. Researchers identified factors that increased the likelihood of caregivers perpetrating abuse against those in their care. Those factors include inexperience, having other demands such as jobs (for those who weren't professionally employed as caregivers), caring for children, living full-time with the dependent elder, and experiencing high stress, isolation, and lack of support (Kohn and Verhoek-Oftedahl 2011).

A history of depression in the caregiver was also found to increase the likelihood of elder abuse. Neglect was more likely when care was provided by paid caregivers. Many of the caregivers who physically abused elders were themselves abused—in many cases, when they were children. Family members with some sort of dependency on the elder in their care were more likely to physically abuse that elder. For example, an adult child caring for an elderly parent while at the same time depending on some form of income from that parent, is considered more likely to perpetrate physical abuse (Kohn and Verhoek-Oftedahl 2011).

A survey in Florida found that 60.1 percent of caregivers reported verbal aggression as a style of conflict resolution. Paid caregivers in nursing homes were at a high risk of becoming abusive if they had low job satisfaction, treated the elderly like children, or felt burnt out (Kohn and Verhoek-Oftedahl 2011). Caregivers who tended to be verbally abusive were found to have had less training, lower education, and higher likelihood of depression or other psychiatric disorders. Based on the results of these studies, many housing facilities for seniors have increased their screening procedures for caregiver applicants.

BIG PICTURE

World War II Veterans



Figure 11.4.4.3: World War II (1941–1945) veterans and members of an Honor Flight from Milwaukee, Wisconsin, visit the National World War II Memorial in Washington, DC. Most of these men and women were in their late teens or twenties when they served. (Credit: Sean Hackbarth/flickr)

World War II was a defining event in recent human history, and set the stage for America to become an economic and military superpower. Over 16 million Americans served in the war—an enormous amount on any scale, but especially significant considering that the U.S. had almost 200 million fewer people than it does today. That sizable and significant group is aging. Many are in

their eighties and nineties, and many others have already passed on. Of the 16 million, less than 300,000 are alive. Data suggest that by 2036, there will be no living veterans of WWII (U.S. Department of Veteran Affairs).

When these veterans came home from the war and ended their service, little was known about posttraumatic stress disorder (PTSD). These heroes did not receive the mental and physical healthcare that could have helped them. As a result, many of them, now in old age, are dealing with the effects of PTSD. Research suggests a high percentage of World War II veterans are plagued by flashback memories and isolation, and that many “self-medicate” with alcohol.

Research has found that veterans of any conflict are more than twice as likely as nonveterans to commit suicide, with rates highest among the oldest veterans. Reports show that WWII-era veterans are four times as likely to take their own lives as people of the same age with no military service (Glantz 2010).

In May 2004, the National World War II Memorial in Washington, DC, was completed and dedicated to honor those who served during the conflict. Dr. Earl Morse, a physician and retired Air Force captain, treated many WWII veterans. He encouraged them to visit the memorial, knowing it could help them heal. Many WWII veterans expressed interest in seeing the memorial. Unfortunately, many were in their eighties and were neither physically nor financially able to travel on their own. Dr. Morse arranged to personally escort some of the veterans and enlisted volunteer pilots who would pay for the flights themselves. He also raised money, insisting the veterans pay nothing. By the end of 2005, 137 veterans, many using wheelchairs, had made the trip. The Honor Flight Network was up and running.

As of 2017, the Honor Flight Network had flown more than 200,000 U.S. veterans of World War II, the Korean War, and the Vietnam War to Washington. The round-trip flights leave for day-long trips from over 140 airports in thirty states, staffed by volunteers who care for the needs of the elderly travelers (Honor Flight Network 2021).

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