

11.4.2: Who Are the Elderly? Aging in Society

Learning Objectives

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

1. Differentiate between the major senior age groups (young-old, middle-old, and old-old)
2. Describe the “graying of the United States” as the population experiences increased life expectancies
3. Examine aging as a global issue



Figure 11.4.2.1: Copy and Paste Caption here. (Copyright; author via source)

Think of U.S. movies and television shows you have watched recently. Did any of them feature older actors and actresses? What roles did they play? How were these older actors portrayed? Were they cast as main characters in a love story? Did they seem fully capable, safe, productive, and happy? Or were they a challenge to those around them? Were they grouchy or overly set in their ways?

Many media portrayals of the elderly reflect negative cultural attitudes toward aging. In the United States, society tends to glorify youth and associate it with beauty and sexuality. In comedies, the elderly are often associated with grumpiness or hostility. Rarely do the roles of older people convey the fullness of life experienced by seniors—as employees, lovers, or the myriad roles they have in real life. What values does this reflect?

One hindrance to society’s fuller understanding of aging is that people rarely understand the process of aging until they reach old age themselves. This lack of understanding is in stark contrast to our perspective on childhood, something we’ve all experienced. And as is often the case with a lack of knowledge or understanding, it leads to myths, assumptions, and stereotypes about elderly people and the aging process. While stereotypes associated with race and gender may lead to more critical thought and sensitivity, many people accept age stereotypes without question (Levy 2002). Consider this: At your school or workplace, you have likely had the opportunity (or may be required) to attend workshops on racial equity, cultural sensitivity, sexual harassment, and so on. But even though the elderly are all around us (and increasing in number every day), very few institutions conduct similar workshops or forums about the elderly. Each culture has a certain set of expectations and assumptions about aging, all of which are part of our socialization.

While the landmarks of maturing into adulthood are a source of pride, often celebrated at major milestones like First Communion, Bar Mitzvah, or Quinceañera, signs of natural aging can be cause for shame or embarrassment. Some people avoid acknowledging their aging by rejecting help when they need it, which can lead to physical injury or problems obtaining needed items or information. For example, when vaccinations for the COVID-19 virus became available, U.S. seniors who didn’t have help from family and friends lagged significantly in receiving vaccines; this occurred despite the fact that seniors were known to be the highest risk group and were the most susceptible to illness and death if they were infected (Graham 2021). Those elderly people who were resistant to reach out for help may have waited too long, and their neighbors or other community members may not have known they needed the help. Why would they take this risk? Researchers aim to uncover the motivations and challenges that may result in these circumstances and behavior.

Gerontology is a field of science that seeks to understand the process of aging and the challenges encountered as seniors grow older. Gerontologists investigate age, aging, and the aged. Gerontologists study what it is like to be an older adult in a society and the ways that aging affects members of a society. As a multidisciplinary field, gerontology includes the work of medical and biological scientists, social scientists, and even financial and economic scholars.

Social gerontology refers to a specialized field of gerontology that examines the social (and sociological) aspects of aging. Researchers focus on developing a broad understanding of the experiences of people at specific ages, such as mental and physical wellbeing, plus age-specific concerns such as the process of dying. Social gerontologists work as social researchers, counselors, community organizers, and service providers for older adults. Because of their specialization, social gerontologists are in a strong position to advocate for older adults.

Scholars in these disciplines have learned that “aging” reflects not only the physiological process of growing older but also our attitudes and beliefs about the aging process. You’ve likely seen online calculators that promise to determine your “real age” as opposed to your chronological age. These ads target the notion that people may “feel” a different age than their actual years. Some sixty-year-olds feel frail and elderly, while some eighty-year-olds feel sprightly.

Equally revealing is that as people grow older they define “old age” in terms of greater years than their current age (Logan 1992). Many people want to postpone old age and regard it as a phase that will never arrive. For example, many older Americans keep working well past what people consider retirement age, due to financial pressures or in order to remain, in their eyes, useful. Some older adults even succumb to stereotyping their own age group (Rothbaum 1983).

In the United States, the experience of being elderly has changed greatly over the past century. In the late 1800s and early 1900s, many U.S. households were home to multigenerational families, and the experiences and wisdom of elders was respected. They offered wisdom and support to their children and often helped raise their grandchildren (Sweetser 1984).

Multigenerational U.S. families began to decline after World War II, and their numbers reached a low point around 1980, but they are consistently on the rise. A 2010 Pew Research Center analysis of census data found that 49 million people in the United States lived in a family household with at least two adult generations—or a grandparent and at least one other generation a record at the time. By 2016, that number had grown to 64 million people living in multigenerational households, roughly 20 percent of the population (Cohn 2018).

Attitudes toward the elderly have also been affected by large societal changes that have happened over the past 100 years. Researchers believe industrialization and modernization have contributed greatly to lowering the power, influence, and prestige the elderly once held. On the other hand, the sheer numbers of elderly people in certain societies can have other effects, such as older people’s influence on policies and politics based on their voting influence.

The elderly have both benefited and suffered from these rapid social changes. In modern societies, a strong economy created new levels of prosperity for many people. Healthcare has become more widely accessible, and medicine has advanced, which allows the elderly to live longer. However, older people are not as essential to the economic survival of their families and communities as they were in the past.

Studying Aging Populations



Figure 11.4.2.2: How old are these people? In modern U.S. society, appearance is not a reliable indicator of age. In addition to genetic differences, health habits, hair dyes, and attitudes make traditional signs of aging increasingly unreliable. (Credit: Jason Hargrove/flickr)

Since its creation in 1790, the U.S. Census Bureau has been tracking age in the population. Age is an important factor to analyze with accompanying demographic figures, such as income and health. The population chart below shows projected age distribution patterns for the next several decades.

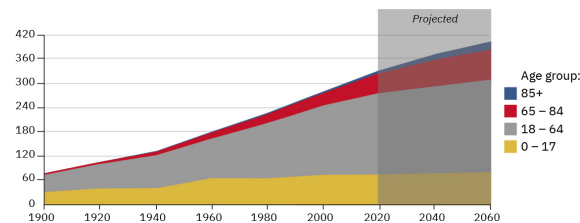


Figure 11.4.2.3: This population chart shows the population size of people in different age groups. The youngest age group, at the bottom, remains largely static. The 18-64 age group has been growing and will continue to do so. But most notable is the increasing size of the third tier (orange) representing ages 65-84. As the chapter discusses, this group is growing significantly, shown by the increasing share of the overall graph it takes up. Also of note is the group at the very top, which is also growing in size. (For comparison, can you even detect the line representing 85+ on the left side of the graph, closer to the year 1900?) (Credit: US Census Bureau.)

Statisticians use data to calculate the median age of a population, that is, the number that marks the halfway point in a group's age range. In the United States, the median age is about forty (U.S. Census Bureau 2010). That means that about half of the people in the United States are under forty and about half are over forty. This median age has been increasing, which indicates the population as a whole is growing older.

A **cohort** is a group of people who share a statistical or demographic trait. People belonging to the same age cohort were born in the same time frame. Understanding a population's age composition can point to certain social and cultural factors and help governments and societies plan for future social and economic challenges.

Sociological studies on aging might help explain the difference between Native American age cohorts and the general population. While Native American societies have a strong tradition of revering their elders, they also have a lower life expectancy because of lack of access to healthcare and high levels of mercury in fish, which is a traditional part of their diet.

Phases of Aging: The Young-Old, Middle-Old, and Old-Old

In the United States, all people over eighteen years old are considered adults, but there is a large difference between a person who is twenty-one years old and a person who is forty-five years old. More specific breakdowns, such as "young adult" and "middle-aged adult," are helpful. In the same way, groupings are helpful in understanding the elderly. The elderly are often lumped together to include everyone over the age of sixty-five. But a sixty-five-year-old's experience of life is much different from a ninety-year-old's.

The United States' older adult population can be divided into three life-stage subgroups: the young-old (approximately sixty-five to seventy-four years old), the middle-old (ages seventy-five to eighty-four years old), and the old-old (over age eighty-five). Today's young-old age group is generally happier, healthier, and financially better off than the young-old of previous generations. In the United States, people are better able to prepare for aging because resources are more widely available.

Also, many people are making proactive quality-of-life decisions about their old age while they are still young. In the past, family members made care decisions when an elderly person reached a health crisis, often leaving the elderly person with little choice about what would happen. The elderly are now able to choose housing, for example, that allows them some independence while still providing care when it is needed. Living wills, retirement planning, and medical power of attorney are other concerns that are increasingly handled in advance.

The Graying of the United States



Figure 11.4.2.4: Senior citizens are an important political constituency, and they may use their age to their advantage. Originating in Canada in the late 1980s, groups of Raging Grannies have protested nuclear weapons, the Iraq War, pesticides, genetically modified foods, and racial injustice. (Credit: Brave New Films/flickr)

What does it mean to be elderly? Some define it as an issue of physical health, while others simply define it by chronological age. The U.S. government, for example, typically classifies people aged sixty-five years old as elderly, at which point citizens are eligible for federal benefits such as Social Security and Medicare. The World Health Organization has no standard, other than noting that sixty-five years old is the commonly accepted definition in most core nations, but it suggests a cut-off somewhere between fifty and fifty-five years old for semi-peripheral nations, such as those in Africa (World Health Organization 2012). AARP (formerly the American Association of Retired Persons) cites fifty as the eligible age of membership. It is interesting to note AARP's name change; by taking the word "retired" out of its name, the organization can broaden its base to any older people in the United States, not just retirees. This is especially important now that many people are working to age seventy and beyond.

There is an element of social construction, both local and global, in the way individuals and nations define who is elderly; that is, the shared meaning of the concept of elderly is created through interactions among people in society. As the table demonstrates, different generations have varying perspectives on aging. Researchers asked questions about the ages at which people reach certain milestones or new categories in life. Members of the Baby Boom generation indicate that a person is officially "old" when they turn 73 years old. Millennials, a much younger group, felt that people became old when they turned 59. The same survey asked questions about the end of youth and the prime of life (Emling 2017). Interestingly, Boomers and GenXers both felt that youth "ended" by age 31 and that the prime of life didn't start until many years later. Millennials felt that people reached the prime of life at age 36, before youth ended at age 40. It's worth noting that at the time of the survey, the Millennials were all 36 and younger.

A survey conducted by the U.S. Trust gathered opinion data on the aging milestones and categories. Boomers, Gen X people, and Millennials had generally different views.

	Boomer response	Gen X response	Millennial response
At what age does youth end?	31	31	40
At what age is the prime of life?	50	47	36
At what age is someone old?	73	65	59

Demographically, the U.S. population has undergone a massive shift both in the overall population of elderly people and their share of the total population. Both are significant and impactful on major policy decisions and day-to-day life. In 1900, the population of U.S. people over sixty-five years old was 3 million, representing about 4 percent of the total population. That number increased to 33 million in 1994, and was roughly 12 percent of the total population (Hobbs 1994). By 2016 that number had grown to 49 million, about 15 percent of the total population (U.S. Census Bureau 2018). This is a greater than tenfold increase in the elderly population, compared to a mere tripling of both the total population and of the population under sixty-five years old (Hobbs 1994). This increase has been called “the graying of America,” a term that describes the phenomenon of a larger and larger percentage of the population getting older and older. There are several reasons why the United States is graying so rapidly. One of these is **life expectancy**: the average number of years a person born today may expect to live. When we review Census Bureau statistics grouping the elderly by age, it is clear that in the United States, at least, we are living longer. In 2010, there were about 80,000 centenarians in the United States alone. They make up one of the fastest-growing segments of the population (Boston University School of Medicine 2014).

It is interesting to note that not all people in the United States age equally. Most glaring is the difference between men and women; as Figure 11.4.2.5 shows, women have longer life expectancies than men. In 2010, there were ninety sixty-five-year-old men per one hundred sixty-five-year-old women. However, there were only eighty seventy-five-year-old men per one hundred seventy-five-year-old women, and only sixty eighty-five-year-old men per one hundred eighty-five-year-old women. Nevertheless, as the graph shows, the sex ratio actually increased over time, indicating that men are closing the gap between their life spans and those of women (U.S. Census Bureau 2010).

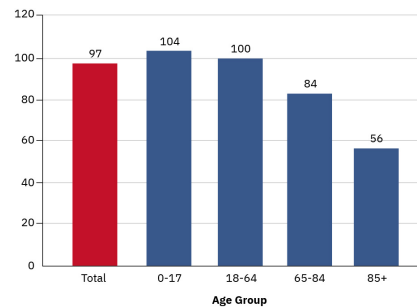


Figure 11.4.2.5: This U.S. Census graph shows the number of males per 100 females. However, over the past two decades, men have narrowed the percentage by which women outlive them. (Credit: the U.S. Census Bureau)

Baby Boomers

Of particular interest to gerontologists today is the population of **Baby Boomers**, the cohort born between 1946 and 1964 and now reaching their 60s and 70s. Coming of age in the 1960s and early 1970s, the baby boom generation was the first group of children and teenagers with their own spending power and therefore their own marketing power (Macunovich 2000). As this group has aged, it has redefined what it means to be young, middle-aged, and now old. People in the Boomer generation do not want to grow old the way their grandparents did; the result is a wide range of products designed to ward off the effects—or the signs—of aging. Previous generations of people over sixty-five were “old.” Baby Boomers are in “later life” or “the third age” (Gilleard and Higgs 2007).

The baby boom generation is the cohort driving much of the dramatic increase in the over-sixty-five population. Figure 11.4.2.6 shows a comparison of the U.S. population by age and gender between 2000 and 2010. The biggest bulge in the pyramid (representing the largest population group) moves up the pyramid over the course of the decade; in 2000, the largest population group was age thirty-five to fifty-five. In 2010, that group was age forty-five to sixty-five, meaning the oldest baby Boomers were just reaching the age at which the U.S. Census considers them elderly. By 2030, all Baby Boomers will be age 65 and older, and represent the largest group of elderly people.

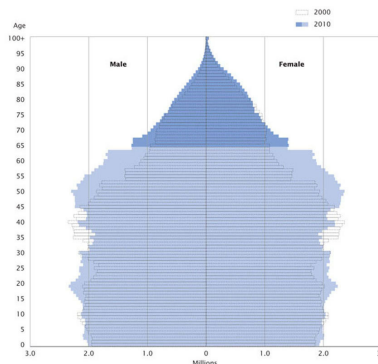


Figure 11.4.2.6: Population by Age and Sex: 2000 and 2010. In this U.S. Census pyramid chart, the baby boom bulge was aged thirty-five to fifty-five in 2000. In 2010, they were aged fifty-five to seventy-five. (Credit: the U.S. Census Bureau)

This aging of the Baby Boom cohort has serious implications for our society. Healthcare is one of the areas most impacted by this trend. According to the U.S. Department of Health and Human Services, healthcare spending is projected to grow by 5.5 percent each year from now until 2027. The portion of government spending on Medicare (a program in which the government covers some costs of healthcare for the elderly) is expected to increase from 3 percent of gross domestic product (GDP) in 2009 to 8 percent of GDP in 2030, and to 15 percent in 2080 (CMS 2018).

Certainly, as Boomers age, they will put increasing burdens on the entire U.S. healthcare system. The American Geriatrics Society notes that from 2013-2025, there will be a 45 percent increase in demand for physicians who specialize in geriatrics. As a result, over 33,000 specialists will be needed to fill the healthcare needs in 2025. And in 2020, there were only 6,320 such specialists in the United States (AGS 2021).

Unlike the elderly of previous generations, Boomers do not expect that turning sixty-five means their active lives are over. They are not willing to abandon work or leisure activities, but they may need more medical support to keep living vigorous lives. This desire of a large group of over-sixty-five-year-olds wanting to continue with a high activity level is driving innovation in the medical industry (Shaw n.d.).

The economic impact of aging Boomers is also an area of concern for many observers. Although the baby boom generation earned more than previous generations and enjoyed a higher standard of living, they did not adequately prepare for retirement. According to most retirement and investment experts, in order to maintain their accustomed lifestyle, people need to save ten times their annual income before retiring. (Note: That's income, not salary.) So if a person has an income of \$60,000 per year, they should have saved \$600,000. If they made \$100,000 per year, they should have saved \$1 million. But most Baby Boomers have only saved an estimated \$144,000, and only 40 percent have saved more than \$250,000 (Gravier 2021). The causes of these shortfalls are varied, and include

everything from lavish spending to economic recession to companies folding and reducing pension payments. Higher education costs increased significantly while many Baby Boomers were sending their children to college. No matter what the cause, many retirees report a great deal of stress about running out of money.

Just as some observers are concerned about the possibility of Medicare being overburdened, Social Security is considered to be at risk. Social Security is a government-run retirement program funded primarily through payroll taxes. With enough people paying into the program, there should be enough money for retirees to take out. But with the aging Boomer cohort starting to receive Social Security benefits and fewer workers paying into the Social Security trust fund, economists warn that the system will collapse by the year 2037. A similar warning came in the 1980s; in response to recommendations from the Greenspan Commission, the retirement age (the age at which people could start receiving Social Security benefits) was raised from sixty-two to sixty-seven and the payroll tax was increased. A similar hike in retirement age, perhaps to seventy, is a possible solution to the current threat to Social Security.

Aging around the World



Figure 11.4.2.7: Cultural values and attitudes can shape people's experience of aging. (Credit: Tom Coppen/flickr)

The United States is certainly not alone regarding its aging population; in fact, it doesn't even have the fastest-growing group of elderly people. In 2019, the world had 703 million people aged 65 years or over. By 2050, that number is projected to double to 1.5 billion. One in six people in the world will be 65 or over (United Nations 2020).

This percentage is expected to increase and will have a huge impact on the **dependency ratio**: the number of citizens not in the labor force (young, disabled, or elderly) to citizens in the labor force (Bartram and Roe 2005). One country that will soon face a serious aging crisis is China, which is on the cusp of an "aging boom"—a period when its elderly population will dramatically increase. The number of people above age sixty in China today is about 178 million, which amounts to 13.3 percent of its total population (Xuequan 2011). By 2050, nearly a third of the Chinese population will be age sixty or older, which will put a significant burden on the labor force and impact China's economic growth (Bannister, Bloom, and Rosenberg 2010). On a more global scale, the dependency ratio is projected to more than double in Eastern and South-Eastern Asia, Latin America and the Caribbean, Northern Africa and Western Asia, and Central and Southern Asia.

As healthcare improves and life expectancy increases across the world, elder care will be an emerging issue. Wienclaw (2009) suggests that with fewer working-age citizens available to provide home care and long-term assisted care to the elderly, the costs of eldercare will increase.

Worldwide, the expectation governing the amount and type of elder care varies from culture to culture. For example, in Asia, the responsibility for elder care lies firmly on the family (Yap, Thang, and Traphagan 2005). This is different from the approach in most Western countries, where the elderly are considered independent and are expected to tend to their own care. It is not uncommon for family members to intervene only if the elderly relative requires assistance, often due to poor health. Even then, caring for the elderly is considered voluntary. In the United States, decisions to care for an elderly relative are often conditionally based on the promise of future returns, such as inheritance or, in some cases, the amount of support the elderly provided to the caregiver in the past (Hashimoto 1996).

These differences are based on cultural attitudes toward aging. In China, several studies have noted the attitude of **filial piety** (deference and respect to one's parents and ancestors in all things) as defining all other virtues (Hsu 1971; Hamilton 1990). Cultural attitudes in Japan prior to approximately 1986 supported the idea that the elderly deserve assistance (Ogawa and Retherford 1993). However, seismic shifts in major social institutions (like family and economy) have created an increased demand for community and government care. For example, the increase in women working outside the home has made it more difficult to provide in-home care to aging parents, which leads to an increase in the need for government-supported institutions (Raikhola and Kuroki 2009).

In the United States, by contrast, many people view caring for the elderly as a burden. Even when there is a family member able and willing to provide for an elderly family member, 60 percent of family caregivers are employed outside the home and are unable to provide the needed support. At the same time, however, many middle-class families are unable to bear the financial burden of "outsourcing" professional healthcare, resulting in gaps in care (Bookman and Kimbrel 2011). It is important to note that even within the United States, not all demographic groups treat aging the same way. While most people in the United States are reluctant to place their elderly members into out-of-home assisted care, demographically speaking, the groups least likely to do so are Latinos, African Americans, and Asians (Bookman and Kimbrel 2011).

Globally, the United States and other core nations are fairly well equipped to handle the demands of an exponentially increasing elderly population. However, peripheral and semi-peripheral nations face similar increases without comparable resources. Poverty among elders is a concern, especially among elderly women. The feminization of the aging poor, evident in peripheral nations, is directly due to the number of elderly women in those countries who are single, illiterate, and not a part of the labor force (Mujahid 2006).

In 2002, the Second World Assembly on Aging was held in Madrid, Spain, resulting in the Madrid Plan, an internationally coordinated effort to create comprehensive social policies to address the needs of the worldwide aging population. The plan identifies three themes to guide international policy on aging: 1) publicly acknowledging the global challenges caused by, and the global opportunities created by, a rising global population; 2) empowering the elderly; and 3) linking international policies on aging to international policies on development (Zelenev 2008).

The Madrid Plan has not yet been successful in achieving all its aims. However, it has increased awareness of the various issues associated with a global aging population, as well as raising the international consciousness to the way that the factors influencing the vulnerability of the elderly (social exclusion, prejudice and discrimination, and a lack of socio-legal protection) overlap with other developmental issues (basic human rights, empowerment, and participation), leading to an increase in legal protections (Zelenev 2008).

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