

Chapter 1

Aging as a Social Process

Multiple Choice Questions

1. In 2016, what percentage of the total Canadian population did baby boomers comprise?
 - a) 13 per cent
 - b) 27 per cent
 - c) 34 per cent
 - d) 55 per cent

Ans: b

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2. In 2015, what percentage of the world's population was 65 years and older?
 - a) 3.3 per cent
 - b) 5 per cent
 - c) 8.5 per cent
 - d) 10 per cent

Ans: c

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3. What happened to the number of centenarians in Canada between 2011 and 2016?
 - a) The number stabilized
 - b) The number increased by 25.7 per cent
 - c) The number decreased by 16 per cent
 - d) The number increased by 41.3 per cent

Ans: d

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4. Which country has the highest life expectancy?
 - a) Japan
 - b) Canada
 - c) Germany
 - d) Norway

Ans: a

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5. In which country was the longest-living human born?
 - a) The United States of America
 - b) France

- c) Japan
- d) Italy

Ans: b

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6. What is the approximate lifespan for humans?
- a) 77 years
 - b) 82 years
 - c) 102 years
 - d) 120 years

Ans: d

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7. Which of the following statements is true?
- a) In the “baby boom echo” period, the number of “echo” births was about 70 per cent of the number in the original baby boom.
 - b) The “baby boom echo” period occurred from 1970 until the 1980s.
 - c) The “baby boom echo” period followed the “baby bust” period.
 - d) The “baby boom echo” period occurred before the baby boom period.

Ans: c

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8. When did population aging in Canada begin to increase substantially?
- a) Before the baby boom period
 - b) At the end of the baby boom period
 - c) 10 years after the “baby bust” period
 - d) 10 years after the “baby boom echo” period

Ans: b

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9. What was the life expectancy at birth for Canadian women estimated to be in 2007–2009?
- a) 95 years
 - b) 90 years
 - c) 83 years
 - d) 78 years

Ans: c

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10. What was Canada’s birth rate in 2015?
- a) 5 infants per 1,000 people
 - b) 11 infants per 1,000 people

- c) 20 infants per 1,000 people
- d) 27 infants per 1,000 people

Ans: b

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11. What is the “replacement rate” needed to replenish a population experiencing normal fertility and mortality rates?
- a) 1 child per woman
 - b) 2.0 children per woman
 - c) 2.5 children per woman
 - d) 3.0 children per woman

Ans: b

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12. What does “apocalyptic demography” refer to?
- a) The categorization of older people as a burden to society
 - b) The view that population aging is insignificant
 - c) The shift from contagious disease to chronic disease among older adults
 - d) The aging experience of elderly people in eighteenth-century Europe

Ans: a

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13. Which perspective examines the interplay of individual life stories, social structures, environments, and historical events at particular times in the lives of individuals or cohorts?
- a) The life-course transition
 - b) The life-course perspective
 - c) The life experiences approach
 - d) The cumulative life-experience approach

Ans: b

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14. According to your textbook, how will the growth in population aging over the next 30–40 years impact society?
- a) It will bankrupt the pension system.
 - b) It will be a major contributor to escalating health-care costs.
 - c) It will cause intergenerational conflict.
 - d) None of the above

Ans: d

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15. What is the process by which individuals in comparable situations act in different ways and make unique decisions?
- a) Life course construction
 - b) Cohort flow
 - c) Agency
 - d) Chaos

Ans: c

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16. Which of the following affects aging and the status of elderly people in everyday life?
- a) The period of history in which they live
 - b) The culture to which they belong
 - c) The social structure to which they belong
 - d) All of the above

Ans: d

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17. Which of the following statements is false?
- a) Functional age is a more useful guideline than chronological age in determining an elderly person's skills and abilities.
 - b) Chronological age is the age that is represented by calendar time from one birthday to the next.
 - c) Disability and illness are influenced by biological aging.
 - d) Social aging is uniform across societies and cultures.

Ans: d

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18. A bar mitzvah, a twenty-first birthday party, a graduation from university, a wedding, or a retirement party are all examples of transitions wherein social timetables dictate that we "should" or "must" enter or leave various social positions.
- a) Rules
 - b) Ceremonies
 - c) Rites of passage
 - d) Culture

Ans: c

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19. Which of the following statements about "ageism" is false?
- a) It is a socially constructed way of thinking about and behaving toward older people.
 - b) It is based on negative attitudes and stereotypes about aging.
 - c) Both individual ageism and institutionalized (or structural) ageism exist.

- d) Butler considered ageism to be different than racism and sexism because none of a person's biological factors are used to define personality or character traits.

Ans: d

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20. Which of the following is a multidisciplinary field of study, is the study of aging processes and aging individuals, as well as of the practices and policies that are designed to assist older adults?
- a) Geriatrics
 - b) Structural psychology
 - c) Gerontology
 - d) Life-course sociology

Ans: c

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21. Janet has recently turned 85 and has noticed a change in advertisements for products related to aging over the past several decades. Notably, Janet observes that advertisements no longer only depict seniors as grumpy and diseased. The ads she sees today are starting to show seniors engaging in more active lifestyles. Which of the following is the most likely explanation for what Janet has observed?
- a) Aging-related stereotypes are fluid and the increase in baby boomers may be driving portrayals of seniors as healthy and active.
 - b) Aging-related stereotypes can change but only when successful social movements drive change.
 - c) Aging-related stereotypes are static and Janet is imagining the change.
 - d) Janet shops at stores targeting young people and therefore receives different ads from their mailing list.

Ans: a

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22. Fatima needs a manicure and books an appointment at a local spa in her neighbourhood. While waiting for her appointment to begin, Fatima notices that all of the brochures in the waiting room advertise anti-aging products and services. These ads promise to "turn back the clock" to give users a more youthful appearance. What is Fatima seeing evidence of in her spa's waiting room?
- a) Social stratification
 - b) The medicalization of aging
 - c) The problematization of youth
 - d) Gerontology

Ans: b

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23. Who does aging impact most significantly because they live longer, often alone, and face more challenges in later life, such as poverty and discrimination?
- a) Canadians
 - b) Baby boomers
 - c) Men
 - d) Women

Ans: d

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24. Bill retired at 61 from a rewarding career as a chartered accountant. After travelling extensively for a year, he reevaluates his retirement decision and decides to go back to work full-time to earn more money and find fulfillment through employment again. After six months of searching for a new job in his field, Bill has barely had any interviews and when in the ones he has had, the employers expressed concerns that Bill may retire again in a few years and their investment in hiring him will be wasted. The one job offer Bill did receive was for a part-time position at significantly less pay than was advertised. What might Bill be experiencing?
- a) Sexism
 - b) Ageism
 - c) Gerontology
 - d) Precarious labour

Ans: b

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25. When do the effects of stereotypes of aging begin?
- a) At high school graduation
 - b) At birth
 - c) At retirement
 - d) At an early age

Ans: d

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True or False Questions

1. Population aging is the result of decreased fertility and longer life expectancy.

Ans: True

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2. Age cohorts are people born at a similar period in time and in the same location.

Ans: True

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3. Lifespan is the finite maximum limit of survival for a species.

Ans: True

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4. The oldest living person in the world is 144 years old.

Ans: False

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5. Life expectancy is the number of years that a person thinks they will live.

Ans: False

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6. A declining fertility rate is the most important factor in population aging.

Ans: True

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7. Many provinces support the development of public and private assisted or supportive housing complexes that provide only a lower level of care.

Ans: True

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8. Individual aging is a multi-dimensional process of growth and development that involves physical, social, behavioural, and cognitive changes over the life course.

Ans: True

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9. The life-course perspective recognizes that transitions can be reversible.

Ans: True

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10. Social structures can limit life chances.

Ans: True

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11. The influence of social structures on individuals over the life course is known as agency.

Ans: False

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12. Separate processes such as chronological aging, biological aging, psychological aging, and social aging, do not interact.

Ans: False

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13. The ways in which most individuals behave in a given situation at a particular age are termed “chronological age norms.”

Ans: True

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14. Chronological age defines what we legally can and cannot do in society.

Ans: True

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15. Functional age is often a more useful guideline than chronological age.

Ans: True

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16. Social stratification is the process whereby social attributes (age, gender, race, etc.) are evaluated differentially according to their value in society.

Ans: True

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17. Approximately one-half of Canadians were not born in Canada.

Ans: False

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18. Ageism is fostered by exaggerations of particular attributes of older people.

Ans: True

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19. Frailty is experienced by the majority of older people.

Ans: False

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20. Age identity refers to the psychological and social meaning of age rather than chronological age.

Ans: True

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21. Institutionalized ageism is the personal acceptance of negative feelings and beliefs that influence one's thinking about older people.

Ans: False

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22. Gerontology is a sub-specialty of medicine that focuses on the physical and mental diseases of later life and on the clinical treatment and care of elderly patients by specialized physicians.

Ans: False

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23. Ethical issues should not question current legislation; they should only focus on future legislation.

Ans: False

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24. The *United Nations Declaration of the Rights of Older Persons* contains a call for action to improve the quality of life of older adults throughout the world.

Ans: True

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25. The Canadian Senate has been silent on the issue of aging.

Ans: False

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Short Answer Questions

1. What are the four processes of aging and how do they each contribute to the aging experience?

Ans: *Chronological aging* defines the passage of calendar time from one birthday to the next. Chronological age is a rough indicator of physical growth and decline, social and emotional development, and anticipated patterns of social interaction. *Biological aging* includes genetic and environmentally induced changes in the cellular, muscular, skeletal, reproductive, neural,

cardiovascular, and sensory systems. The incidence and rate of biological change affects the number of years people are likely to live and the extent to which they experience illness or disability. *Psychological aging* refers to the interaction of individual cognitive and behavioural changes with social and environmental factors that affects a person's psychological state (e.g., the loss of a spouse or a change in housing). *Social aging* varies within and across societies and across time. It is affected by the interactions between aging individuals and others in a family, community, or subculture at a specific point in history.
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2. What is the life-course perspective?

Ans: The life-course perspective enables us to understand aging individuals and older age cohorts using a historical, dynamic, and developmental approach. This perspective analyzes the interplay among individual life stories, society, and the environment, and considers the effect of specific historical events (e.g., war, economic depression, epidemics) on individuals or age cohorts. The life-course perspective investigates how the difficulties, advantages, disadvantages, requirements, and lifestyles of later life are shaped by earlier life transitions, prospects, choices, and experiences within specific historical or cultural contexts.
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3. What are two ways in which aging be socially constructed? Your answer should drawing on what you learned about stereotypes and age identity.

Ans: While chronological age is a specific measure of the number of years a person has lived, it is rarely an accurate description of having reached a specific stage in life. Relying on chronological age, societies label those over 65 as “elderly,” “old,” or “seniors.” These labels are based on stereotypes about a particular chronological age, not on an individual's actual abilities or health status. Labelling is institutionalized when citizens of a certain age are obliged meet certain requirements (e.g., mandatory retirement at age 65), which can influence older persons' sense of self and how they are regarded by others. “Age identity” is the result of a subjective experience that signifies the psychological and social meaning of aging rather than chronological age. Social and age-related identities are renegotiated in different social contexts or with changes in health or visual appearance. People of the same chronological age may report a wide range of age identities (e.g., some may feel younger and report feeling like they are 55; others may feel older).
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4. What is “apocalyptic demography”? In your answer, provide arguments for and against this way of thinking.

Ans: “Apocalyptic demography” refers to the labelling of older people as a burden to society. Some analysts believe that population aging will weaken the economy, put undue pressure on the health-care system, and result in intergenerational conflict. Population aging is indeed a challenge; in particular, when baby boomers retire, the sheer size of the cohort will require some reallocation of health and social resources. However, the fear mongering is likely unwarranted as it results from a process of exaggerating or misinterpreting population

statistics. Moreover, recent evidence shows that these fears are unfounded and can interfere with rational policy-making, having a negative impact on older adults.

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5. Why is the study of age cohorts important?

Ans: The study of age cohorts enables us to observe and analyze how different individual or societal events create variations in the aging process within and between age groups and individuals. Some events will have an impact on some age cohorts but not on others or only on specific individuals within an age cohort. For example, the feminist movement that began in the 1970s has dramatically influenced the life courses of women born just before and after the 1970s. The study of age cohorts can identify patterns in life course trajectories and link them to their causes and consequences; it can also assist in developing effective policies by utilizing integrated life-course data.

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6. What are five reasons why it is important to study older adults?

Ans: It is important to study older adults in order to (1) challenge and eradicate myths about aging and older people; (2) gain a better awareness of self and of others by studying personal life journeys; (3) assist and support older family members as they move through the later stages of life; (4) serve as an informed and effective volunteer in the community; and, (5) prepare for a job or career (as a practitioner, policy-maker, or researcher) in which the mandate is to address aging-related issues or to serve an older population.

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7. What is the difference between lifespan and life expectancy?

Ans: *Life span* is the fixed, finite maximum limit of survival for a species (e.g., ~20 years for dogs, ~85 for elephants, and ~120 for humans). *Life expectancy* is the average number of years a person is projected to live at birth or at a specific age.

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8. According to your textbook, the media have portrayed older adults in a negative light. How do the media do this? Provide several examples.

Ans: The media often equate later life with illness, loss, loneliness, asexuality, and poverty. For example, adult cartoons portray images of older people to generate humour via references to asexuality, deafness, or forgetfulness and, in doing so, reinforce common stereotypes; newspapers focus either on the tragedies of aging or the marvels of unique but atypical long-lived people who have accomplished feats unusual for their age; TV commercials displayed elderly persons in comical roles in the 1970s, with more negative portrayals in the mid-1970s and early 1980s; elderly Disney characters are sometimes portrayed negatively (grumpy, mad, threatening, highly wrinkled, etc.).

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9. Why should academics pay attention to media portrayals of ageing?

Ans: When accepted as fact by the media, the public, or policy makers, negative and inaccurate images can shape public opinion about aging, influence which public programs are funded, and undermine the potential of adults as they move into the later years. For older adults, these socially constructed labels, images, and language foster a self-fulfilling prophecy whereby some older adults believe they should think and behave like the stereotypes perpetuated by the media. This in turn can lead to a loss of self-esteem, isolation, and the labelling of oneself as “old.” Discrimination, such as sexism, racism, or bias against sexual orientation, can also exacerbate these issues.

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10. How can agency affect the future lives of older adults?

Ans: Elder and Johnson described agency as one of five defining principles of the life course—through agency, older adults construct their life course by making choices and taking action. As such, agency enables them to create unique identities, develop personal meanings, and decide which social groups are significant in their lives. Consequently, considerable variations in lifestyle, experience, and quality of life evolve within different age cohorts in the older population.

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11. What is the difference between functional age and chronological age? How can both influence legal age?

Ans: The passage of calendar time from one birthday to the next is represented by chronological age. Functional age is based on the fact that aging is a multi-faceted process in which individuals at a specific chronological age are either “older” or “younger” than age peers in terms of some relevant skill or ability. Legal age is sometimes based on chronological age norms—how *most* individuals at a specific age would perform a specific task or behave in a given situation. Legal age may also be influenced by functional age—how well an individual actually performs specific physical, cognitive, or social tasks. Functional age is often more useful for gauging skill-level or cognitive ability than chronological age.

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12. Why is age identity important to older adults?

Ans: As opposed to chronological age, “age identity” is the result of a subjective experience that signifies the psychological and social meaning of aging. It is shaped by how individuals view themselves and how they think others view and react to them. Since many older people often report feeling and acting “younger,” it is clear that their age identity can conflict with their chronological age. This can have serious implications for decisions regarding age-related public policy. In addition, by practising “identity management” and differentiating themselves from others in the same age group, older adults can experience higher levels of life satisfaction and subjective well-being.

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13. Why are ethical issues important to the study of aging? Give three examples of ethical questions surrounding population aging.

Ans: Ethical issues are important to the study of aging on many levels. The onset of population aging, along with biomedical technological developments that encourage new ways of thinking and acting, raises legal, moral, and ethical questions about aging. Some questions and issues are related to the individual; others, to society as a whole. Examples of questions that can be asked are as follows: (1) Should an older person's driver's license be suspended or revoked? If so, when and according to what criteria? (2) Does a physician prevent or delay death or initiate death through physician-assisted suicide? (3) Should "age" or "need" be a criterion for entitlement to economic security?

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14. Should age- or need-based criteria be used for entitlement to economic security? Support your position.

Ans: Using age as a criterion for entitlement to economic security is unlikely to benefit recipients as chronological age is often an inaccurate indicator of how well an older person is able to perform physical, cognitive, or social tasks. Using age as a criterion is also likely to foster ageism and put those truly in need at a disadvantage. Therefore, need-based criteria can be used to better effect.

Page: entire chapter

15. Why, according to Gee (2000) and others (Friedland and Summer 1999; Longino 2005), is "demography not destiny"?

Ans: "Demography is not destiny" because changes in the age structure can be managed and mitigated by policies, programs, and changes within social institutions. Despite fear-mongering by some scholars, politicians, and the media, population aging need not be viewed as a crisis. Instead, we should look at population aging as a significant but manageable challenge. For example, the aging of the sizable baby boomer cohort will require a reorganization and reconsideration of current health-care policies and programs, as well as the creation of new ones.

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16. What are three critical issues for an aging society?

Ans: Three critical issues for an aging society are as follows: (1) Recognizing that aging is not an illness or a disease (avoiding the "medicalization of aging" position as well as the view that aging can be reversed, or "cured"); (2) Defining aging as primarily a women's issue (acknowledging that women live longer, often alone, and face more challenges in later life, such as poverty and discrimination); (3) Understanding that we live in and are connected to an aging world wherein much of the growth in population aging will occur in developing countries.

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17. How do personal biographies interact with structural, cultural, and historical factors?

Ans: The life courses of individuals at the societal level will be different from that of younger and older age cohorts and from others of about the same age in other countries (perhaps even in other parts of Canada). These differences stem from cultural, regional, economic, or political variations in opportunities, lifestyles, values, or beliefs. The events a person experiences will vary as well because particular social or political events may affect some but not all individuals or age cohorts.

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18. What were the three major aims of the Special Senate Committee on Aging and its final report titled *Canada's Aging Population: Seizing the Opportunity*?

Ans: The three major aims were (1) to identify priority areas for political leadership and multi-jurisdictional coordination; (2) to provide support for research, education, and the dissemination of knowledge and best practices; and (3) to provide direct services to certain population groups for which it has direct responsibility.

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19. What are three of the rights listed in the *United Nations Declaration of the Rights of Older Persons*?

Ans: Answers may include the right to work, the right to a decent retirement, the right to protective services when vulnerable, and end-of-life care with dignity.

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20. What factors have led to population aging in Canada?

Ans: One factor that led to population aging in Canada was a significant gain in longevity achieved in the twentieth century. This gain, caused by some combination of genetics, environmental factors, diet, and lifestyle choices, is demonstrated by an increase in the average and maximum lifespan of humans, in the average life expectancy at birth, and in the number of centenarians. In addition, a significant decline in the fertility rate has had the most direct and largest effect in shaping the age structure. The current, low fertility rate is below the “replacement rate” of at least two children per woman that is needed to replenish the population when normal fertility and mortality rates prevail.

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21. What are the features of age-friendly communities?

Ans: In an age-friendly community, policies, services, settings, and structures support and enable people to age actively by recognizing the wide range of capacities and resources among older people; anticipating and responding flexibly to aging-related needs and preferences; respecting the decisions and lifestyle choices of older adults; protecting those older adults who are most vulnerable; and, promoting the inclusion of older adults in, and contribution to, all areas of community life

22. “Ageism is the most widely tolerated form of social prejudice in the country.” Do you agree or disagree with this statement? Explain your position.

Ans: Perspectives will vary but should apply material related to ageism and discrimination from the chapter. For instance, students may discuss stereotypes, prejudice, institutionalized ageism, etc. In support of the statement, students may cite a new report released by senior-living company Revera and the Sheridan Centre for Elder Research that finds that one in four Canadians admit treating someone differently because of their age. Ageism does not operate in a vacuum either—other forms of oppression like racism and sexism impact how we experience ageism as well. In opposition, students may note that as the baby boomers age, conventional notions of what it means to be old are being challenged.

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23. What are the differences between gerontology and geriatrics?

Ans: Gerontology is the multidisciplinary study of aging processes and aging individuals, as well as of the practices and policies that are designed to assist older adults. Gerontology includes research conducted in the biological and health sciences, the behavioural and social sciences, and the humanities, as well as analyses of policies and practices developed at the global, federal, provincial, regional, or local level. Social gerontology, a subset of gerontology, employs the social sciences to study the social processes, issues, practices, and policies associated with aging and older people. Geriatrics is a sub-specialty of medicine that focuses on the physical and mental diseases of later life and on the clinical treatment and care of elderly patients by specialized physicians.

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24. What are the three life-course conceptual dimensions to understanding aging that are listed in your textbook?

Ans: The first dimension directs us to consider life histories and pathways of individuals as they age. The second and third dimensions entail dichotomies that represent a dimension with two extremes: agency and social structure; and the micro (individual) and macro (structural) elements of daily life. While the textbook separates these dimensions out to explain them conceptually, they refer to different aspects of social life that are complex, interrelated and interdependent

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25. How might current biomedical, social, technological, and policy development raise legal, moral, philosophical, and ethical questions about aging and older adults? Illustrate your answer with an example.

Ans: Answers will vary here depending on the example chosen by the students. Some issues will raise questions related to the level of the individual; others, at the level of society. Students should recognize that there will be individual differences of opinion but should

apply material from the chapter to support their perspective. Popular topics might include legalization of assisted suicide, increased use of social media amongst aging population, elder abuse, the legalization of marijuana, etc.

Page: entire chapter