Hello, now we’re going to focus on late adulthood which to a large extent refers to people 65 and older. We’re going to look at some variations within that age group and some theories of late adulthood.  
  
When defining late adulthood, you’ll see a couple of approaches. For example, the Census categories include the young old, or people 65 to 74, the old or people 75 to 84, and the oldest old or people 85 to 100 and then of course the category that’s growing considerably in fact, people 100 plus. Developmentalists focus on quality of life. This is important so that if we see an age, we don’t automatically assume too much about a given individual. Optimal aging seem to have greater health, vibrancy, and social relationships are quite strong, more than normal. Normal aging describes general tendencies for those of a particular age. Impaired aging refers to those who have more severe disability or social isolation than would be characteristic for their chronological age.  
  
We’re going to look age structures in society by exploring population pyramids.  
  
These are population pyramids of the U. S. that start in 1900 and end in the year 2040. When you explore these, one of the reasons I wanted to show you these was to first of all understand how much the population has grown and to explore the impact having a large cohort, the area in pink, indicates the Baby Boom generation. I would like for you to try to think about how that might have influenced stereotypes about late adulthood that we have seen and are now trying to fight against. So we see in these slides first of all in 1900, a much smaller population. And as you can tell, many people did not make it past the age of 50. In fact, we’re looking at fewer people that would be in the “old old” bracket. Perhaps this led to stereotypes of the old that were quite reverent; views that they were wise or had some special knowledge that allowed them to go past a normal life expectancy which at the time was about 47. In 1940 we see that the population increases. In 1960, we see this large cohort indicated in pink at the bottom; a large group born between 1946 and 1964. That group tended to bring about a lot of change in the structure. In 1980, Baby Boomers are in young adulthood. By 2000 they are in adulthood and by 2011 the first Baby Boomers are turning 65 or late adulthood. And we see the numbers in late adulthood in 2040. So consider that the focus has been on Baby Boomers, because they are such a large group, for quite a long time. This ‘younger generation’ tended to be fairly pejorative with respect to aging. So we’ve seen a lot of stereotypes that are negative from this generation.  
  
Have you visited your local pharmacy and looked at birthday cards for someone in late adulthood? If not, I would encourage you to do so. I’m talking about in the United States, because there is considerable difference across cultures with respect to stereotypes about late adulthood. They’ve been particularly negative in the west. If you view these some of those pictures or images, usually cartoons, they depict older people as cranky, unfashionable, hard of hearing, full of disease, and they have very little to offer. A lot of these reflect stereotypes that would be unacceptable if they were applied to some variable other than age, perhaps gender or race.  
  
Now, I’d like for you to test your knowledge. True or false? There are about 10 million people 65 and older living in the United States. False. There are about 38.9 million people and the number continues to grow.  
  
True or false? About half of those over 65 are in nursing homes. The answer: false. Of those 38.9 million, only 1.6 million are currently living in nursing homes.  
  
True or false? The number of people with Alzheimer’s disease will increase by 2030. True. As more people enter late adulthood, the number of people with Alzheimer’s disease will increase.  
  
True or false? About half of people over 70 experience hearing loss. False. About a third of experience hearing loss. The number goes to almost half in people over 85.  
  
Now let’s look at some theories of aging. Erikson suggested that toward the end of life, a person looks back over their previous experiences and hopefully they like what they see. If so, if they’ve lived according to their beliefs, they may feel a sense of integrity or understanding about their life. If not, they may feel a sense of despair because life hasn’t been lived well and there’s no time for correction. During the past several decades, social science has had a number of theoretical assumptions and perspectives on aging. In the 1970s and prior, disengagement theory was popular. Disengagement theory suggests that as people get older, they begin to pull away from society and society begins to pull away from them. They give up previous roles and to some extent become less engaged. This theory has been criticized for being ageist and for not recognizing the continued contribution and connection people have with society as they age. Disengagement theory was followed with activity theory; as people age they take on new roles to replace those that they have lost through retirement, etc. In fact, activity theory has probably guided some of the activities brought into the senior citizen centers and other institutions that focus on aging. However, that is replaced by a new focus on aging known as continuity theory. Continuity theory suggests that as people age there is a lot of continuity in the way they are and the way they have always been. They have the same desires, abilities, values and livelihood as they had before. Continuity theory can help us understand ways to help people to continue to be who they are as they age.  
  
There is considerable variation in aging. If you work with this population, it will be important to find ways to help them remain healthy, independent, and as vibrant as possible.  
  
Most people in late adulthood report enjoying very good health and most report being very satisfied with their lives. Again, it is a smaller proportion of this population who live in nursing homes. If you work in allied health professions you may not realize this because you may spend a lot more time with people who have a lot of needs or who are institutionalized or hospitalized. I encourage you to keep in mind that there are a lot of opportunities for people in late adulthood. People 85 and older are increasing in number so we will see an increase in those who need assistance along with those trends.  
  
Now let’s look at average life expectancy in the United States. These vary globally and this is addressed in your readings. In 1900, average life expectancy was about 47. In 2007 we see a marked increase in the life expectancy. For white females, 80.4 years; for black females, 76.8, for white males 74.5 and for black males 70 years. Why the differences? Differences to some extent can be traced to long term or chronic sources of stress; for instance, historic racism.  
  
In evaluating aging, one way to categorize changes is by looking at those that seem to be inevitable, referred to as primary aging and those that are disease related, or secondary aging. It’s important to make a distinction so that we don’t see secondary aging as inevitable and therefore alter ideas about medication or treatment or preventative care.   
  
Some examples of primary aging include skin becoming thinner and drier, same for hair, height and weight tend to decrease, body fat accumulates on the torso, eye problems, severe eye problems are experienced by about 8 percent of people over 75, (less severe problems of vision are more common), but here we’re talking about problems such as glaucoma and macular degeneration. Almost half, but not quite half, of people over 65 suffer hearing problems. I encourage you to keep in mind that the majority of people, even 80 plus, do not suffer hearing loss. Be cautious about using a particularly patronizing and discriminatory type of language called ‘elderspeak’. Elderspeak is a problem for those who work with older individuals and needs to be considered and done away with.  
  
Some common diseases found in late adulthood include, arthritis, hypertension, heart disease, stroke, diabetes, cancer, osteoporosis, and Alzheimer’s disease.  
  
Why do we age? We’re not really sure, but there are a variety of theories of aging. Some indicate that cell life has a limited duration. The Hayflick limit suggests that cells can reproduce about 50 times before they become senescent. This is due to a shortening of the telomeres each time the cell reproduces. Free radical theory suggests that as we metabolize oxygen, volatile unpaired electrons produce damage to cells. You may have heard of anti-oxidants as a partial solution to this damage. Protein cross-linking which results in tissue becoming rigid and to lose functioning, DNA damage as a result of exposure to pollutants, and a decline in the immune system are also factors that contribute to aging.   
  
Exercise is an important way to maintain health. But we still find that a minority of people 65 and older engage in aerobic and strengthening activities. Rates are higher overall for men than for women. Although we’ve seen some improvement in these numbers, there’s still a long way to go.  
  
How does aging affect memory? One way to understand what we know so far is by looking at the sensory, working, and long-term memory. The sensory register is the first location for information that will make its way into our memory. It’s affected by the senses. Certainly we cannot remember what we cannot hear or see or sense in some way. So to the extent that our senses are impaired, our memory of events will be reduced. The working memory capacity starts to decline with age. Long term memory, however, is more resilient to the impact of aging. How can you keep your brain healthy? Exercise is one of the best ways. And cognitive stimulation is also important.   
  
Abnormal cognitive loss of functioning is often disease related. Dementia, which is a condition that can have numerous causes, Alzheimer’s disease (a leading cause of dementia) and mini-strokes are examples of diseases that cause cognitive decline. Poor nutrition, alcohol abuse, depression, and mixing medications are other causes. Delirium is a sudden state of confusion and agitation that some people experience when being hospitalized or institutionalized. Listen to the story in your lesson to learn more.  
  
Now let’s look at psychosocial development in late adulthood by exploring family life, friendship, and work.   
  
People continue to be very productive in late adulthood. A large proportion continue to work and we are going to see that number continue to increase in the United States and perhaps throughout the world as retirement is no longer feasible for many adults. Another way that people continue to be productive is in education. The elderhostel is one opportunity type of education that people can enjoy. Volunteering provides an avenue for productivity and for those who want to use their skills online, virtual volunteering is an option. This group is also very politically active.  
  
The majority of people in late adulthood, particularly males, are married. But there are also many who have lost their spouses. Widows are more numerous than widowers. The number of people who divorce in late adulthood is relatively small but increasing. This number is likely to increase as Baby Boomers move through the life span. Those who have never married are not regretful. Rather they tend to be satisfied and used to their status. Cohabiting couples in this age group are not uncommon. There are some specific concerns for this group with respect to laws about inheritance, visitation, and other issues especially for those who are in same-sex relationships. SAGE is an advocacy group that addresses these concerns. According to socioemotional selectivity theory, people in late adulthood become more selective when choosing those with whom they want to socialize. Most people remain in the same neighborhoods they’ve always lived in as they age.   
  
Midlife and late adulthood are times when people may become grandparents. Some years ago, Cherlin and Furstenberg studied grandparents and created a typology of parenting styles. About 30 percent were considered remote. These are grandparents that may live far away and only be visited on special occasions. Of course, if they live close by and are still rarely seen, there may be some source of tension causing the distance. About 55 percent of their sample was characterized as companionate grandparents. These grandparents like to entertain their grandchildren and see them frequently. But discipline is left up to the parents. The remaining 15 percent were involved in the lives of the grandchildren on a daily basis and played an important role in decision-making about the child.  
  
Now let’s turn our attention to frail elderly adults. The number of frail elder will increase as the globe grays. The frail elderly need assistance in accomplishing daily tasks such as dressing, feeding, and ambulating. Most frail elderly are cared for by friends or relatives. Typically, a spouse or daughter or daughter-in-law will provide care. Some frail elderly are cared for in nursing homes. Nursing homes have been criticized for focusing only on basic needs such as medication, and hygiene. The quality of life is often very poor. The residents lack independence and are encouraged for to be compliant and almost infant-like. Their psychological needs go unmet.   
  
Finally, let’s discuss elderly abuse. One of the most common types of abuse is financial and it comes at the hands of family members. An adult child who lives with the parent and relies upon them may take advantage of their power to use the parent’s financial resources or make credit purchases fraudulently. Neglect is common. It refers to a failure to provide adequate nutrition, care, and medical attention. Granny dumping is a type of neglect in which a person is discharged from an emergency room or clinic and left abandoned to fend for themselves if family members are not contacted.