

# LEISURE AND AGING

*Ulyssean Living in  
Later Life*

**5th ed.**

Francis A. McGuire  
Rosangela K. Boyd  
Megan Janke  
Begum Aybar-Damali

**SAGAMORE**  
PUBLISHING

©2013 Sagamore Publishing LLC  
All rights reserved.

Publishers: Joseph J. Bannon and Peter L. Bannon  
Director of Sales and Marketing: William A. Anderson  
Marketing Coordinator: Emily Wakefield  
Director of Development and Production: Susan M. Davis  
Technology Manager: Christopher Thompson  
Production Coordinator: Amy S. Dagit

ISBN print edition: 978-1-57167-698-6  
ISBN ebook: 978-1-57167-699-3  
LCCN: 2013944281

**SAGAMORE**  
PUBLISHING

1807 N. Federal Dr.  
Urbana, IL 61801  
[www.sagamorepub.com](http://www.sagamorepub.com)

This book is dedicated to our parents,  
our first, and best, teachers.





# CONTENTS



Acknowledgments .....	vi
Introduction .....	vii
About the Authors .....	x
1 The Aging Journey .....	1
2 Theoretical Perspectives on Aging .....	21
3 Biological Processes .....	43
4 Cognitive Processes .....	71
5 Psychological Aging .....	91
6 The Importance of Leisure .....	111
7 Enhancing the Leisure Experience: Motivations, Meanings, and Constraints .....	137
8 Time and Activities in Retirement: On Being or Becoming Ulyssean .....	153
9 Intersection of Race, Ethnicity, and Gender: Impact on Leisure for Aging Adults .....	193
10 Living Environments .....	213
11 Leisure and Recreation in Long-Term Care .....	227
12 The Community Environment .....	249
References .....	267
Index .....	304

# ACKNOWLEDGMENTS



Just as in earlier editions of this book, we are indebted to all our students who helped form and solidify many of our ideas. We would be remiss if we did not acknowledge colleagues from our academic departments who have of-

fered encouragement and advice not only for this book but also throughout our careers. We also thank our spouses who willingly gave us the unobligated hours required to finish a task of this magnitude.

# INTRODUCTION



We are in the midst of the graying of America. There are more people over the age of 65 than there have ever been, and this trend will continue well into the future. This cadre of older individuals is unlike any seen before. They are generally healthier, more financially secure, and more independent than previous cohorts. In addition, they are probably more visible and vocal than previous groups of older individuals. In fact, it is impossible to watch the news, walk into a grocery store, or board an airplane without coming into contact with older individuals.

However, the increasing presence of elderly people in our society has not necessarily resulted in a deeper understanding of this group. Certainly, the work of gerontologists has cleared up many misconceptions of older people and the aging process. We know more about the mechanisms of aging, physical as well as social, than at any time in history. Our knowledge base is expanding every year. Unfortunately, many have not received these messages. An archaic view of aging still is firmly entrenched in our society. It is viewed as a time of loss and decline with little hope for the future. In fact, to speak about the future and old age together will strike many as ludicrous. What is the future in aging within this perspective? At best, stability for as long as possible, at worst, death after confinement to a long-term care facility. Unfortunately, our misguided images often interfere with our ability to work effectively with this population.

Several years ago, there was a popular book entitled *All I Really Need to Know I Learned in Kindergarten*, which purported

to identify life's most important lessons. The author's thesis was that many of these lessons were learned early in life. A similar compartmentalizing of life into periods of appropriateness appears to extend into other areas. There is a time to learn and a time to earn, a time to grow and a time to fade away. The result of this perspective has been the placing of limits on the later years. Individuals who break out of this mold are viewed as media marvels meriting special attention. For example, June inevitably brings stories of septuagenarians graduating from college, December stories typically include pieces on extremely active older volunteers, and in April, the media celebrates individuals who have achieved athletic milestones later in life. The focus of these stories is the remarkable ability to accomplish these things in spite of being old. We view this perspective as inappropriate. People do not do things in spite of being old. Rather, they achieve success because of who they are. Being old should not be viewed as a handicap to accomplishing anything. In fact, the most difficult thing many people face in reaching their goals is a resistant society that places obstacles in the way of many older people and prohibits them from achieving their potential.

A major concern of gerontologists is the quality of life of older individuals. The role of activities in enhancing later life is often examined as part of this concern. The use of leisure, simply defined as freely chosen activities, to fill time and replace what has been lost through retirement appears to be an important element in the quality of life. However, this perspective on activities fails

to acknowledge the powerful force they can be. Rather than being merely a substitute for what has been lost, leisure can provide new pathways to growth and development. People who select this approach are not unusual or overachievers. They are instead individuals dedicated to living. We have adopted the term “Ulyssean” from McLeish (1976) to describe this approach. The Ulyssean approach varies. It does not imply anything about the quantity of activities. However, it does require a willingness to be open to new ideas and opportunities. The perspective is built upon the belief that each year of life provides occasions for renewal as well as growth. Trained professionals who are able to assist older individuals in using leisure to contribute to the quality of life can enhance these opportunities.

This book is designed to help identify ways leisure can contribute to later life. It links the aging process and leisure to Ulyssean living. This is accomplished in three ways. First, basic information about aging and the aging process is provided. The first five chapters are devoted to helping develop an understanding of what happens as people age. The focus is on social, biological, cognitive, and psychological factors related to aging. The relationship of these factors to Ulyssean living is explored throughout this section. The second part of the book explores leisure and its role in later life. Chapters 6 through 9 are designed to increase knowledge of the place of leisure in the later years, with particular attention paid to the Ulyssean approach. The final section of the book examines the environments where aging occurs. Community as well as institutional settings are discussed as we detail the relationship of the environment to the quality of life.

Since the publication of the first edition of this book, there have been changes in the aging population in America and the emergence of a changing perspective on this population. The first of the baby boom generation has reached their 65th birthday.

Data (Federal Interagency Forum on Aging-Related Statistics, 2006) indicated that from 1984 to 1999 the percentage of older Americans enrolled in Medicare with a disability declined from 25% to 20%. These data point dramatically toward a reality of aging, a growing population healthier than at any time in our country’s history. Perhaps more important than these changes has been the emergence of a perspective that focuses on successful aging. The work of individuals including Rowe and Kahn (1998), described later in this book, has been adopted by other gerontologists and is becoming an increasingly acceptable paradigm for examining the aging process.

George Vaillant (2002) identified the contradictory messages we receive about aging: longer life, high-achieving older individuals, abused elders in long-term care facilities, economically deprived people forced by financial need to eat dog food. All are accurate images of aging—none are accurate images of aging. Vaillant mused, “Some may argue that the term successful aging is an oxymoron. For is aging inextricably associated with loss, decline, and approaching death? Is not success inextricably associated with gain, winning, and a zestful life?” (p. 5). This book provides a framework for understanding successful aging—Ulyssean living. Within this framework, what matters in later life is not what happens to people as they age, but rather what individuals do as they age. We know there will be decline and loss as people reach their later years. However, we also know that growth and development can occur at any age.

One caution is needed at this point. The assumption in many parks and recreation curricula seems to be that aging is the purview of therapeutic recreation programs. Students who are interested in working with older individuals are seen as needing a therapeutic recreation emphasis to be effective professionals. The authors of this book do not share that perspective. Certainly, there



are subgroups within the aging population who do need therapeutic intervention. There are older adults with mental health problems, developmental disabilities, and cognitive and physical impairments. Although this book includes material related to these groups, the focus is not on these special populations. Rather, the intent is to provide an overview of the aging process and its relationship to leisure. Further study is clearly needed if the reader's interest is in working with subgroups of elderly.

With this new edition of *Leisure and Aging: Ulyssean Living in Later Life* we say farewell to Ted Tedrick, our long-time colleague and coauthor. Ted decided that rather than writing about the Ulyssean lifestyle, he would live it in his retirement. We also welcome two new coauthors, Megan Janke and Begum Aybar-Damali, who have helped keep the content of our book reflective of the current knowledge in the area of leisure and aging.

# ABOUT THE AUTHORS



**Francis A. McGuire** is a professor in the Department of Parks, Recreation and Tourism Management at Clemson University. He was also the Clemson University Centennial Professor for 1994 through 1996 as well as a fellow in the Strom Thurmond Institute and the South Carolina Governor's Professor of the Year in 2004. He earned a bachelor's degree at Cornell University, a master of science degree in park and recreation administration at Penn State, and a doctorate in leisure studies from the University of Illinois. He has had manuscripts appear in a variety of publications, including *The Gerontologist*, *The International Journal of Aging and Human Development*, *Journal of Leisure Research*, *Leisure Sciences*, *Activity, Adaptation and Aging*, and the *Therapeutic Recreation Journal*. He has presented papers and workshops at over 50 national, regional, state, and local conferences on topics ranging from intergenerational programs, patterns of outdoor recreation participation by older individuals, the role of humor in long-term care facilities, and constraints to leisure involvement in retirement.

**Rosangela Boyd** is the Director of Community Involvement and Service-Learning at Texas Christian University (TCU). Prior to joining TCU in 2006, she was a faculty member in the College of Health Professions and the Director of Personnel Preparation at the Institute on Disabilities at Temple University, in Philadelphia (PA). She is a native of Brazil, where she majored in special education and English. Her master's degree and PhD are both from Clemson University (SC) in counseling and guidance/higher education and parks and recreation/therapeutic recreation, respectively. Aside from community engagement, her areas of expertise include disabilities, aging, health promotion, international studies, and multicultural education.

**Megan C. Janke** is an assistant professor in the Department of Recreation and Leisure Studies at East Carolina University. She teaches in the recreational therapy curriculum and has been a Certified Therapeutic Recreation Specialist since 1998. Before joining the ECU faculty in 2012, she was a faculty member in the School of Aging Studies at the University of South Florida. Megan received her PhD in child and family development with a focus on aging from the University of Georgia; her MS from Clemson University in parks, recreation, and tourism management; and her BS in recreation and park management with a concentration in therapeutic recreation. Her research focuses on health promotion in older adults, and she has been published in a variety of journals including *The Gerontologist*, *Qualitative Health Research*, *Journal of Leisure Research*, *Leisure Sciences*, and the *International Journal of Aging and Human Development*. She is a trained lay leader in the evidence-based health promotion program, A Matter of Balance and the Chronic Disease Self-Management Program. She has presented research papers and workshops at over 40 state, regional, national, and international conferences in the area of leisure, health promotion, and aging.

**Begum Aybar Damali** is an assistant professor at Winona State University. Begum received her PhD in parks, recreation and tourism management from Clemson University, MS in industrial management from Clemson University, and BS in psychology from Middle East Technical University at Turkey. Prior to joining the Department of RTTR at Winona State University in 2009, she was a postdoctoral fellow at the Institute for Engaged Aging at Clemson University from 2007 to 2009. Begum's research and theory interests are in advancing knowledge in leisure behavior and experience, therapeutic recreation, and aging. Her recent studies have focused on leisure constraints and she has taught in the areas of research and evaluation, concepts of leisure, and therapeutic recreation.



# Chapter 1

---

## THE AGING JOURNEY



This book is about two misunderstood concepts: aging and leisure. Aging is typically viewed as a largely undesirable period of life during which a series of physical, cognitive, social, and emotional declines occur. Leisure is often seen as somewhat frivolous and certainly secondary to the more serious business of life. The authors of this book disagree with both perspectives. In fact, we view aging as a natural part of the life cycle, accompanied by advantages as well as losses. Leisure is a primary realm of behavior during which great personal growth and development can occur. This book is about the joining of these two forces.

As a culture, we have tended to perceive old age as a time set apart from the rest of life. To many it has been seen as a problem, and older individuals are sometimes viewed as part of the problem. They may be seen as individuals whose time has come and gone and who have now moved to the fringe of society.

This perception of social uselessness has frequently been accompanied by personal hopelessness. Decisions are made for people solely based on age. Some believe that the life of the individual ends at 65, when a period of less than full life begins. This attitude is

manifested in recreation programs that are designed to help the elderly fill their empty hours and keep them busy until death. Time is viewed as the enemy, and activities are viewed as a weapon to fight it. Fortunately, this outdated perception is changing.

As a result of the growth of gerontology, the study of old age, and an increased awareness of aging, we have come to realize that old age is not a period of problems, unhappiness, and decline. In fact, we now know there is really no such thing as a well-defined period of life that is appropriately labeled “old age.” The reality is that later life is a time of opportunity, growth, and happiness for many. Therefore, individuals involved in service delivery to this group must understand aging, the aging process, and leisure from a broad, non-stereotypic perspective. As in all cases of ignorance and prejudice, education is the tool of the informed. There is a responsibility to learn to help older individuals be all they can be.

Most older individuals are not daring or heroic. Rather, they lead simple lives marked by success and failure, continuity and change. There is no such thing as the typical older person. As you read this book, look around you. You may be surrounded by other

students. You share at least one characteristic with them: you are all students. Nevertheless, you would probably be unhappy if someone you did not know came along and claimed to know everything she needed to know about you because you are a student. You would even be more unhappy if this person then produced a list of the recreation activities you could participate in and identified them as “appropriate” student activities.

Of course, this would never occur, since we all know students are unique. Similarly, it is not right to label certain activities “senior citizen activities” and base an activity program on them. The purpose of this book is to provide you with accurate information about aging and the aging process. This information should start with the conviction that all individuals, regardless of age, are unique. Increasing age does not eliminate that uniqueness. In fact, it magnifies it.

We are gradually coming to view the advantages of aging as being as real as the disadvantages. One of the advantages that has received little attention is the increase in the amount of unobligated time many individuals have. The authors of this text have conducted many pre-retirement seminars for individuals facing retirement. Inevitably, these programs include sessions on financial planning, health, retirement benefits, and leisure. Just as inevitably, leisure is given the shortest length of time on the program. While each of the other areas may consume a half-day or even several days, the session on leisure receives one or two hours on the agenda. This occurs for at least two reasons.

The first is that leisure is not seen as that important. People need fiscal and physical well-being in retirement. Leisure is viewed as secondary to these twin pillars of happiness. The second reason is a perception that leisure will take care of itself. How hard can it be to find something to do with that additional 30 hours per week?

This attitude also appears to pervade the gerontology literature. Relatively little

appears in journals such as *The Gerontologist* and *The Journal of Gerontology* pertaining to leisure. In fact, Alexander Comfort’s (1976) view of leisure would probably find many supporters today. He wrote, “Leisure is a con.” He continued that people “don’t need the Coney Island-Retirement Village package which makes them into permanent children; this is good for an afternoon, not for a lifestyle” (p. 124).

Unfortunately, many leisure professionals have provided unwitting support for Comfort’s uncomfortable perspective on leisure. This has resulted from an acceptance of an outdated perspective of old age as a time of loss and decline and a stereotypic view of leisure programs for older people. This text will approach aging from a different perspective and use that perspective to show that leisure is not a con perpetrated upon the elderly, but rather is a potentially powerful force in helping make the later years positive and exhilarating.

## A Positive Perspective on Aging

Rowe and Kahn’s (1998) groundbreaking book, *Successful Aging*, discussed the failure of gerontologists to incorporate a new, positive view of aging. They wrote, “The progress of gerontology began to stall in the mid-1980s. . . . There was a persistent preoccupation with disability, disease, and chronological age, rather than the positive aspects of aging” (p. xi). They believed a conceptual foundation was required to understand aging and all its components. We agree and provide such a foundation—or unifying concept. Old age is viewed throughout this text as a stage in the life course. It does not stand alone, apart from all that has come before. It is a time of continued growth and development marked by continuity with the past. The model followed in this book views aging as a journey, or series of journeys, rather than as an arrival at a terminal point in the life

span. Within this perspective, the increased unobligated time that many individuals experience is not considered a problem but an opportunity. It is an instrument for growth and development.

John McLeish (1976) coined the term “Ulyssean Adult” to identify individuals who continue to seek new adventures and opportunities in their later years. The prototype for such an individual comes from Ulysses, who was over 50 years of age when the adventures described in the *Odyssey* began and close to 70 when he began his last voyage.

According to McLeish, only death can end the journeys of such an individual. The Ulyssean lifestyle should not be limited to the select few blessed with an extraordinary personality. McLeish wrote, “The Ulyssean life is on some term, in small or large arenas, potentially accessible to all men and women” (p. 31). Indeed, MacLeish stated:

To gain entry to the country and company of the Ulyssean people no passport is required. No restrictions exist as to race, class, religion, political ideology, or education—just the reverse. The Ulyssean country is an open commonwealth of older adults of every racial group under the sun; its membership includes every degree of wealth and non-wealth, every level of education, every form of belief and non-belief. Membership has nothing to do with whether one is physically well or dogged by ill-health, whether one is personable or plain, well-travelled or confined to a limited area . . . . It is a process, not a state; a process of becoming, and great practitioners of the Ulyssean way would certainly describe themselves as voyagers, not inhabitants. (p. 285)

Although MacLeish was using the Ulyssean concept to explain creativity in later life, it also provides a conceptual framework

for understanding the potential of leisure in late adulthood. To be Ulyssean is to seek out opportunities for growth. Leisure can provide the arena for development. It can also provide a mechanism for developing the skills needed to approach life with the zest and confidence necessary to Ulyssean living.

An Ulyssean life is possible not only in the later years but may be easier to achieve during that period than at any other point in life. MacLeish believed an “Ulyssean life is possible, and the Ulyssean way is accessible and free, because in many ways the conditions required for the creative life are *more available* in the later years of adulthood than earlier in life” (p. 246). Many older Americans have the time, experience, and freedom needed to enter the Ulyssean world. They are released from many roles, such as work and family related, which restrict behavior and limit the opportunity to enter new worlds. Concurrently, many years of experiences provide a plethora of potential paths for Ulyssean journeys.

Several years ago, Dangott and Kalish (1979) supported this belief in the potential for Ulyssean living in the later years. They wrote, “The old concept of aging was a downhill path, beginning at age 60 or 50 or even 40 or 30; it implied slow deterioration, accelerating with time. The new concept of aging dispels these grim inaccuracies. Instead of a single downhill path, there can be a network of paths, many going uphill; instead of accelerating deterioration, there can be opportunity for extensive personal growth” (p. 1). Their words are as true today as when they were written. Unfortunately, they have not yet become part of the “conventional wisdom” guiding the delivery of leisure services. Although Dangott and Kalish’s belief that aging should be viewed as an opportunity for growth rather than as a period of deterioration was stated approximately 20 years ago, the “old concept” of aging prevails. Rowe and Kahn (1998), directors of the MacArthur Foundation Study of Successful Aging,

indicated that the aged are viewed as “sick, demented, frail, weak, disabled, powerless, sexless, passive, alone, unhappy, and unable to learn—in short, a rapidly growing mass of irreversibly ill, irretrievable old Americans” (p. 12).

Calls for a new perspective on aging have been part of the gerontological literature for many years. For example, Prado (1986) called for a perspective change in how aging is viewed. Prado’s central thesis was that we retain a view of aging from the era when few people lived past their fifties. This antiquated view of aging sees “the aged as a homogeneous group marked by above-average dependency on others, special economic needs, health problems, and a general decline of competency and productivity” (p. 3).

Prado’s perspective was based on the belief that accumulating data on aging pointing toward the revelations it makes about the positive aspects of aging is not enough to change concepts of later life. A shift, or in Prado’s words “a new conceptual matrix,” in perspective may be needed to bring about a realization of the richness and diversity of aging. The change requires realization that “certain changes that seem real enough in aging are better thought of as a function of what we do than of what we become.” Recent evidence indicates that much of what had been seen as part of aging is actually the result of disease, disability, inactivity, poor nutrition, and lack of exercise.

Sneed and Whitbourne’s (2005) comments related to new views of aging and psychology are also germane for professionals in the leisure field. They wrote, “With the graying of the population, we can hope that psychologists will shift their focus from loss and decline in later adulthood to a more balanced approach in which gains and growth are emphasized....psychologists should be at the forefront of discovering the ways that older people not only survive, but enjoy, the later years of life” (p. 386). We expect that leisure professionals will join psychologists in

identifying factors enhancing enjoyment in later life.

One of the recent trends in aging is a shift from decline models to a focus on “successful aging” and the components that entails (Bowling & Iliffe, 2006; Minkler & Fadem, 2002). For example, Duay and Bryan (2006) interviewed older adults and found three themes defining successful aging: (1) engagement with others; (2) coping with changes; and, (3) maintaining physical, mental, and financial health. As you read this book, you will frequently notice discussion of these themes and their link to leisure.

An emphasis on old age as a time of decline will result in leisure programs based on stereotypic attitudes of what is appropriate for older people and will result in a limited approach to activity provision. Anything that will help pass the time will do. Activities that are work like in nature may be helpful, since they are more palatable to retirees than other activities. Nothing too challenging, strenuous, or new should be attempted, and those individuals who break the mold are seen as media marvels. However, if the positive nature of aging and the role leisure can play in personal growth and development are recognized, programs cannot be constricted by *ageistic* notions of “appropriate” leisure.

Leisure activities are vehicles. They can be ships upon which individuals embark on Ulyssean journeys. Rather than deciding what activities are best suited for people who share a chronological age, leisure service providers must realize that any activity is a useful vehicle for the journey if the participant so decides. The emphasis shifts from the activity to the individual. As a result, the function of the leisure service provider shifts from activity provider to enabler, guide, and facilitator. The individual involved in providing leisure services to older people becomes a member of the crew on the Ulyssean journey. The older individual is in control of the ship. Such a perspective is necessary if leisure is to become one of the



uphill paths conceptualized by Dangott and Kalish (1979) and not a con foisted upon the elderly.

It is important to look at aging realistically. There are losses, primarily physiological, that are concomitants of the aging process. These declines (see Chapter 3) are a natural part of the aging process. However, they are not the entire story. There are many positive aspects that are necessary to understand if aging is to be realistically perceived. It is necessary to separate the myth of aging from the reality. Much of what we “know” about old age is based on longstanding stereotypes. Two aspects of aging—social and demographic—provide an excellent starting point for what will come later in this book. They provide basic information for a context for viewing aging.

### **Social Aspects of Aging**

Aging is a multifaceted process. Later chapters of this book will focus on biological, cognitive, and psychological factors in aging. However, the social forces impacting aging may be the most important influence on the aging process. When examining the aging process, it is necessary to consider both individual and environmental factors, since behavior is a consequence of the interaction of a person with his or her physical and social environment. The following sections will address social factors influencing successful aging. Initially, the changes in social roles will be addressed. Secondly, societal responses to aging will be covered. The focus will be on how professionals working with older adults can assist them in coping with negative changes and maintain a sense of well-being during their Ulyssean journey.

### **Changes in Social Roles**

In order to understand social roles, it is necessary to recognize that every individual lives in a social context that influences his or her behavior. The process of “socialization,”

that is, the process through which we absorb values, beliefs, and knowledge that guide our behavior as a member of a social group, is a lifelong one. From a very young age, we are instructed directly or indirectly to behave in ways that conform to the norms created within our social group. We learn to conform as a result of reinforcement or punishment encountered as we interact with other members of the group.

This process also teaches us to assume certain roles. We may carry out a variety of roles, each related to a particular position we occupy in society. For instance, in a family context, we may be parents, siblings, or partners; at work, we may be the employee, employer, or co-worker; in the community, we may be a civic leader, a neighbor, or a volunteer. The list varies according to the tasks we carry out. The roles we play are filled with social expectations; it is through a general consistency in behaviors associated with such roles that we are able to establish relationship patterns with one another.

How do social norms and roles change as we age? Is there a prescribed way to “act your age” when you are in later life? The answer is no. Given the fact that there are no specific norms associated with old age, individuals have more flexibility to choose to behave in ways that have been successful for them in the past. Having no set norms may be perceived as negative if norms are directly associated with having social value; however, when norms are seen as constraints to creativity and choice, their absence may be interpreted as a reward for those individuals who spent much of their life conforming to social demands.

Cox (1998) painted a positive picture of the opportunities future cohorts of older individuals will have. The post-industrial society will see the emergence of recreation, leisure, and education as “legitimate means of enriching the quality of one’s life” (p. 54). As a result, old age will be marked by an expanded range of socially acceptable roles. An

increased focus of quality of life, concomitant with a decreased focus on the importance of productivity, will place leisure, and leisure service providers, in the forefront of meeting the needs of individuals in later life.

### **Social Responses to Aging: Myths, Stereotypes, and Ageism**

What do you see when you first meet someone? According to Cuddy and Fiske (2002), age is one of the first characteristics we notice and it drives a great deal of the interaction. We make decisions about how to address the individual, decisions about competence, physical ability, and knowledge, as well as draw inferences about political and social beliefs. These decisions are crucial in our treatment of others. How then do we evaluate older individuals upon first meeting them? To a great extent this evaluation may be based on social forces affecting seniors—myths, stereotypes, and ageism. Ultimately, however, professionals working with seniors must avoid decision-making based on these contrivances. A first step in that direction is recognizing the power of these forces in shaping attitudes and beliefs about older individuals.

The examination of social responses of younger generations toward the elderly is especially relevant if we consider that the percentage of older people in the U.S. population is growing steadily. Many younger individuals will be expected to perform some role that will affect directly or indirectly the well-being of older adults—examples of such roles are caregivers, leisure service providers, volunteers, and policy makers. Besides the potential to affect service delivery, attitudes may also affect opportunities for social interaction and active involvement available to the older individual. Another rationale presented for the study of social responses toward the elderly is that self-image and consequent behaviors are affected by concep-

tions of the elderly currently held by society members.

One response to aging is the development of stereotypes, untruths, or oversimplifications about a group of people. There are many stereotypes, positive as well as negative, about older individuals. Cuddy and Fiske (2002; Cuddy, Norton & Fiske, 2005) proposed that there are two primary dimensions of stereotypes: competence and warmth. Competence relates to issues of independence, skill, and ability, whereas warmth entails trustworthiness, sincerity, and friendship. They conducted a series of surveys to examine how varieties of social groups were arranged across the two-dimensional model. A few groups, such as Whites, the middle class, and Christian women were rated as high on both dimensions, and a few—homeless people, poor people, and recipients of welfare—were negatively rated on both dimensions. Generally, groups were viewed as high on one of the dimensions and low on the other. Asians, Jews and the wealthy were viewed as competent but cold. Older people, along with people with disabilities, were viewed as warm but not competent, resulting in conflicting feelings of pity and admiration toward older people. It is interesting to note that many of the negative stereotypes about older people fit the incompetent dimension and the positive stereotypes tend to fit a perception of warmth.

Cuddy et al. (2005) also found that the warm but incompetent view of older people was related to conflicting behaviors toward them. They are helped by others, a response perhaps to pity, but are also excluded by others. It appears we are interested in helping the “poor dears” but not interested in fully including them as equals in our activities and communications. The result is an approach built on “doing for” the older person rather than “doing with” the older person.

Has the arrival of the baby boomers, a healthier, better educated, and privileged cohort than previous generations of older in-

dividual (Maples and Abney, 2006) reduced negative images of aging? One might believe so, but the evidence does not support the view that a more positive perspective on aging is emerging and replacing negative images (Letvak, 2002; Ory, Hoffman, Hawkins, Sanner & Mockenhaupt, 2003; Rupp, Vodanovich, & Crede, 2005). According to Angus and Reeve (2006), “the aging of society has not significantly changed our perception of aging” (p. 138).

Some authors stress the existence of negative stereotypes about old age (Birch-enall & Streight, 1993). Other researchers, like Schonfield (1982), blame methodological inaccuracies for the general assumption that such stereotypes exist, concluding that society has a stereotypic view regarding the elderly. Reviewing the body of research, we may be led to believe that both positions have some merit but cannot stand alone. After many years researching the topic of social responses toward the elderly, Palmore (1990) summarized the stereotypes, attitudes, and types of discriminatory behavior uncovered by his and other investigators’ studies. He classified each concept as either negative or positive. More recent evidence continues to document that stereotypes about aging are positive as well as negative and positive associations may be as likely as negative ones (Chasteen, Schwarz, & Park, 2002; Kornadt & Rothermund, 2012).

### Negative Stereotypes

1. Most older persons are sick or disabled.
2. Most older persons have no sexual activity or desire.
3. Old persons are ugly.
4. Mental abilities start to decline after middle age.
5. Most old persons are “senile.”
6. Old workers are not as effective as younger ones.
7. The majority of older persons are socially isolated and lonely.
8. Most older persons live in poverty.

9. Older persons feel miserable (cranky, depressed).

### Positive Stereotypes

1. Older persons are kind and warm.
2. Most older persons have great wisdom.
3. Older persons are more dependable.
4. Older persons are well off financially.
5. Older persons are a powerful political force.
6. Older persons are free to do whatever they want.
7. It is possible to halt the aging process.
8. Old age is full of peace and serenity.

### Negative Attitudes

1. Very few people perceive the sixties or seventies as the best years of one’s life.
2. Most people choose the sixties and seventies as the worst years of a person’s life.
3. The older years are the worst because of bad health or physical decline, loneliness, and financial problems.
4. Children prefer being with younger adults than older adults.
5. Most people have a mixture of negative and positive attitudes toward the elderly, but few have predominantly positive attitudes.

### Positive Attitudes

1. Some people look forward to retirement as the “golden years.”
2. Society holds pseudo-positive attitudes about the elderly, offering compliments even when performance does not meet standards held for younger members of society.

### Negative Discrimination

1. Employment practices are still discriminatory (e.g., early retirement packages).
2. Governmental agencies providing services to the elderly are found to discriminate, particularly against the oldest age groups.
3. Families discriminate by deferential treatment of the elderly.

4. Housing segregation occurs, with the elderly becoming concentrated in certain areas.
5. Health care practices are still inadequate to cover the needs of older persons.

### Positive Discrimination

1. Tax benefits, discounts, and employment benefits are available.
2. In the political arena, the elderly fare better as candidates for office and enjoy legislative benefits.
3. Medicare is available only for the elderly.
4. Some families see the elderly as matriarchs or patriarchs.
5. Governmental programs support public housing for the elderly and retirement communities cater exclusively to them.

Rowe and Kahn (1998) reviewed myths about aging and were able to identify the six most common. They were able to debunk each based on the scientific literature in the gerontological field. The myths, along with Rowe and Kahn's evidence to the contrary, included:

1. **To be old is to be sick.** The evidence clearly contradicts this belief. People are living longer and healthier than ever. The number of older individuals with disabilities is declining, fewer older individuals are experiencing severe limitations in activities of daily living, and there is agreement that aging and disease are not synonymous. Chapter 3 provides strong evidence for the fallacy of the belief that old is the equivalent of sick.
2. **You can't teach an old dog new tricks.** The evidence (see Chapter 4) indicates learning is a lifelong process. There is no chronological age at which individuals are no longer able to learn.
3. **The horse is out of the barn.** This myth is based on the belief that a lifetime of bad habits cannot be reversed. Smoking, high blood pressure, being overweight, and poor physical fitness all have deleterious effects on the body.

However, the belief that there is a point in life at which changes in these behaviors would not be beneficial is untrue. Evidence strongly supports the value of making positive lifestyle changes in old age.

4. **The secret to successful aging is to choose your parents wisely.** Although heredity is related to longevity, there is ample evidence that various environmental factors contribute to physical aging (see Chapter 3 for further details). People are not prisoners of their genes. Lifestyle choices impact the aging process more dramatically than heredity.
5. **The lights may be on but the voltage is low.** This myth relates primarily to sexual activity in later life. While there may be a decrease in sexual activity by some older individuals, many continue to be sexually active. In fact, "many older people enjoy an active sex life that often is better than their sex life in early adulthood. The idea that your sexual drive dissolves sometime after middle age is nonsense" (Mayo Clinic Health Letter, 1998).
6. **The elderly don't pull their own weight.** Most older individuals are not burdens to society. About 15% were either in the labor force or seeking employment in 2005, many more are contributing to society through volunteer efforts, and most are vital members of their communities.

In 2006, the International Center for Longevity prepared a report entitled *Ageism in America* and, as part of the report, included a typology of stereotypes about older individuals. They described stereotypes in the following categories:

- Stereotypes about physical health, emerging from the mistaken belief that older people are frail and sick;

- Stereotypes about physical attractiveness, primarily focused on the physical decline of attractiveness with increasing age;
  - Stereotypes about sexuality in later life, primarily related to beliefs about declining sexual activity in later life;
  - Stereotypes about ability in later life, linking aging to declines in creativity, cognitive ability, and mental functioning;
  - Stereotypes related to finance, ranging from viewing older people as a financial burden to society, to a view of older people as inordinately wealthy and unwilling to share their wealth;
  - Stereotypes about mental health of older people, typically viewing them as depressed, suffering from dementia, or incompetent to make decisions;
  - Stereotypes about older peoples' role in society, most commonly manifested in a view of older people as a burden.
- The onset of forgetfulness is a precursor to dementia;
  - Dementia is inevitable with increasing age;
  - Depression is inevitable in later life;
  - Depression in later life is more difficult to treat;
  - Late life depression is due to psychological factors;
  - An individual who does not look depressed cannot be depressed and if a person looks depressed, then he or she must feel depressed.

The report concluded the discussion of stereotypes by stating, "part of the fight for the fair treatment of older persons entails bringing the prejudices to light and making the public aware that they do not represent reality." (p. 36)

More recently, Tan (2011) provided a list of common stereotypes, reflecting the stability of myth and stereotypes over time:

- Old people are all the same;
- The needs of older people are different from those of younger people;
- The majority of older people are senile;
- Older people are incompetent;
- Older people are burdens to society since they are no longer productive;
- Old people are a set in their ways and rigid in their thinking;
- The ability to learn decreases with increasing age;
- The ability to learn new things is easier than it is to recall past events;

Haim Hazan (2000a) discussed stereotypes in the later years and claimed that the ambiguity of the information we receive about older people allows the stereotypes to override "our perception of them [the elderly] even in face-to-face interactions" (2000a, p. 15). As a result, stereotypes, rather than accurate perceptions of characteristics, shape our behavior toward older people. Among the stereotypes identified by Hazan were a view of older people as conservative, inflexible, and resistant to change; asexual; senile; wise beyond the wisdom of younger individuals; powerless and dependent; stuck in the past; preferring to socialize with others of their age; depressed, unhappy, and leading aimless lives. Hazan successfully refutes these with evidence to the contrary. However, he also views the existence of stereotypes as a trap distorting self-perception (2000b) among older individuals. Angus and Reeve (2006) believed stereotypic views of aging not only marginalize older individuals but also impact the holder of the stereotype by reducing tolerance and "differentiated responses to people" (p. 140). Stereotypes, then, are deleterious to both the individual holding the stereotype and the person or group being stereotyped.

Evidence about the impact on older individuals of myths and stereotypes is mixed. Kotter-Gruhn and Hess (2012) concluded that there is much empirical evidence sup-

porting the role of self-perceptions of aging and successful outcomes in areas such as well-being, health, and longevity. Similarly, Coudin and Alexopoulos (2010) found that negative stereotypes about aging led to negative outcomes including lower levels of perceived health, increased loneliness, and increased help-seeking behavior. Although Sneed and Whitbourne (2005) indicated that older people are happy in spite of the stereotypes they face, evidence provided by Levy, Slade, Kunkel and Kasl (2002) supported the danger of accepting a stereotypic view of old age. They believed “internalized old age stereotypes contribute to the formation of their self-perceptions of aging, which, in turn, can have a physiological outcome” (p. 261). They view aging stereotypes as particularly deleterious because they’re acquired by individuals years before they become old and so they are accepted without questioning their validity. As a result, “when individuals reach old age and the stereotypes become self-relevant, they have already internalized these stereotypes” (p. 261). There is a danger that older individuals accept stereotypic notions of the later years with deleterious effects. The authors of the study examined self-perceptions of aging with a five-item scale: things keep getting worse as I get older; I have as much pep as I did last year; as you get older, you are less useful; I am as happy now as when I was younger; and, as I get older things are (better, worse, about the same) as I thought they would be. The authors also examined length of life and found that the “median survival of those in the more positive self-perceptions of aging group was 7.6 years longer than the median survival of those in the more negative aging self-stereotype group” (p. 265). In fact, the authors found that self-perceptions of aging have a greater impact on survival than gender, socioeconomic status, functional health, and loneliness. Kornadt and Rothermund (2012) examined the impact of stereotype internalization in specific domains. They found that age stereotypes are

internalized, as they concluded, “What we think about the group of old persons becomes a part of our future self-conceptions, which then influence our actual self-concept in old age” (p. 170). Clearly, myths and stereotypes impact older individuals in dramatic ways.

The Levy et al. study provided good news as well as bad news. The good news is that positive perceptions of aging can actually increase longevity while the bad news is that negative messages decrease longevity. As a result, two approaches to addressing the issue of myths and stereotypes are suggested. First, “one approach would emphasize positive stereotypes of aging among the young by such means as promoting positive intergenerational activities” (p. 268). The other approach is to deemphasize negative stereotypes by engaging older individuals in a process of “self-awareness” designed to examine negative stereotypes and their impact in later life. Both approaches facilitate Ulyssean living by removing stereotypes as barriers to growth and development.

How can stereotypes be combated? Levy and Banji (2002) indicated that even contrary evidence does not reduce an implicit stereotype—those operating below our level of awareness. In fact, evidence of behavior that does not fit a stereotype is viewed as an exception to the rule rather than a reason to change the rule. They provide the example of John Glenn whose successful aging could be dismissed as an anomaly rather than an accurate representation of aging.

Hazan (2000b) stated that society’s images of aging are confirmed when older individuals adopt the images by changing their behavior to conform to the images. The result is a “vicious cycle wherein the behaviour adopted by the elderly reinforces the negative images attached to them” (p. 19). However, Hazan also allowed for the possibility that older people have at their disposal various strategies allowing them to negate the consequences of stereotypic images of aging.

These include: conformity to expectations when in the company of strangers but exploration of new self-images and social identity when with peers; withdrawal and detachment from a hostile society; rebellion; and exerting control over symbols, situations and people in order to avoid negative images of aging, for example by moving into a retirement community.

Golub, Filipowicz, and Langer (2002) suggested that “mindful” engagement may be effective in diminishing stereotypes. Mindfulness involves “actively drawing novel distinctions, questioning new information and its implications, and considering new information from multiple perspectives” (p. 277). They contrast this with mindlessness, “relying on distinctions that have already been drawn and accepting pre-established categories as immutable” (p. 9). Service providers working with older people should be mindful of individuals rather than operating on stereotypes. Golub et al. provide some suggestions of how service providers might be mindful of aging, aging stereotypes, and their impact. Awareness is crucial. Be aware of individual differences rather than broad characteristics of old age. Examine the basis for judging and classifying individuals. Be aware of how stereotypes may result in treatment that supports stereotypes. Be aware of creating environments designed to support stereotypic perspectives rather than Ulyssesian living.

Ragan and Bowen (2001) noted the success of accurate information about aging and reinforcement of that information over time in improving perceptions of aging. Myths and stereotypes will yield to reality if planned interventions are put into place. Leisure professionals working with older individuals should incorporate such efforts into their programming.

In addition to myths and stereotypes, ageism, the “discrimination against older people on grounds of age” (Bytheway, 2005, p. 361) often affects interactions among indi-

viduals. Nelson (2005) viewed the age-prejudice resulting from ageism as “one of the most socially condoned and institutionalized forms of prejudice” (p. 208) and it is “one of the most chronic and pervasive forms of prejudice” (Packer and Chasteen, 2006, pp. 218 – 219). It is likely that most readers of this book have been victims of and purveyors of ageism. If you have ever been told that you were “too young” to do something, then you have been a victim of ageism. Similarly, if you have ever bought a birthday card with the message that it is “unfortunate that one is a year older” (Nelson, 2005, p. 208) you have sent an ageistic message. The danger of ageism is that it intrudes on interactions between individuals and may influence service delivery. According to Nussbaum, Pitts, Huber, Raup Krieger, and Ohs (2005) “ageism and ageistic language can significantly affect relationship development and maintenance for individuals of all ages” (p. 288).

The International Longevity Center (2006) identified four categories of ageism:

1. Personal ageism, defined as attitudes, beliefs, ideas, and practices biased against individuals or groups because of their age;
2. Institutional ageism, defined as rules or practices that discriminate because of a person’s age and includes things like not including older individuals in clinical medical trials;
3. Intentional ageism, which involves knowingly acting in a biased way, such as using stereotypes of older individuals in greeting cards;
4. Unintentional ageism including actions harmful to older individual but done without awareness of the bias inherent in the activity, for example inadvertently failing to include transportation services for individuals unable to drive at night.

Palmore (2001) identified ageism as “the ultimate prejudice, the last discrimination,

the cruelest rejection ... it is the third great 'ism' in our society, after racism and sexism." (p. 572) However, Palmore (2001) and Levy and Banaji (2002) agreed it is different from the other "isms" since it is frequently unconscious, everyone may become a target of it, and it occurs without intention to harm others. We are typically not aware of our ageism, and there are not presently social sanctions against the expression of ageism. While many are hesitant to express racist or sexist attitudes, no similar hesitancy occurs in expressing ageistic attitudes. To find support for that you only need to visit the greeting card section of a store. It will not be difficult to find greeting cards containing ageistic messages. It is much less likely you will find cards expressing the other "isms." An article in *Sports Illustrated* (June 16, 2003) inadvertently captured the essence of ageism. The following blurb appeared in the "This week's sign of the apocalypse" section:

**Police in Norway stopped a 94-year-old runner because they thought she had escaped from a nursing home.**

The police had an image of what older individuals did, and that did not include jogging. It is doubtful whether their reaction to a 45-year-old runner would have been similar. Older people live in nursing homes and the only logical interpretation of fast movement is that an escape is in progress!

Ageism is omnipresent in our society. Palmore (2001) found that 77% of the individuals he studied had experienced at least one incident of ageism. What follows is a partial list of ageistic behaviors Palmore used in conducting his research. It provides an excellent illustration of the components of ageism.

1. I was told a joke that pokes fun at older people.

2. I was sent a birthday card that pokes fun at old people.
3. I was ignored or not taken seriously because of my age.
4. I was called an insulting name related to age.
5. I was patronized or "talked down to" because of my age.
6. I was refused rental housing because of my age.
7. I had difficulty getting a loan because of my age.
8. I was denied a position of leadership because of my age.
9. I was treated with less dignity and respect because of my age.
10. A waiter or waitress ignored me because of my age.
11. A doctor or nurse assumed my ailments were caused by aging.
12. I was denied employment because of my age.
13. Someone assumed I could not hear well because of my age.
14. Someone assumed I could not understand because of my age.
15. Someone told me "you're too old for that."

A report from the 2005 White House Conference on Aging (International Longevity Center, 2006) left no doubt that ageism not only continues to exist but also is a pervasive force in later life. Among the examples provided:

1. Patients over 65 get less aggressive cancer treatment than younger patients (ageism in health care);
2. Fifty-four percent of nursing homes are below minimum standards and 90% are inadequately staffed (ageism in nursing homes);
3. Within 24 hours after the 9/11 attacks animal advocates were rescuing pets but disabled and abandoned older people waited up to seven days for rescue (ageism in emergency services);



4. From 1977 to 2002 discrimination in the workplace due to age increased from 11.6% to 16.9% of workers 65 years of age or older (workplace discrimination);
5. Although individuals aged 65 or over make up approximately 13% of the population, only 2% of prime time television characters are 65 or older (ageism in the media);
6. Advertising is not “sensitive” to older individuals’ hearing and vision limitations, for example by failing to incorporate large fonts in published materials (ageism in marketing).

Nelson (2005) identified two primary manifestations of ageism: “over-accommodation” and baby talk. When over-accommodating you might be excessively polite, speak slower and louder, simplify your language, or talk in a higher pitch with exaggerated intonation as a result of believing older people have a difficult time hearing, or decreased cognitive functioning. Over-accommodation also results in the minimization of the importance of the thoughts, concerns, and feelings of the older people with whom you interact. According to Nelson, baby talk, which he views as perhaps more troublesome than over-accommodation, involves using the condescending tone and the high-pitched voice typically used with infants and animals. It sends a message that the speaker views the listener as cognitively inferior and in need of simplified language.

Does ageism really matter? There is ample evidence that it does impact older individuals as well as society. Pasupathi and Lockenhoff (2002) examined the behavioral consequences of ageism and identified three patterns of age-differentiated behavior.

The first was behaviors effectively distancing, excluding, or marginalizing older individuals compared to younger people. Examples of this behavior include physicians spending less time with older patients, failing to reinforce independent behaviors

in long-term care residents, and failing to include the concerns of older people in the planning process. This was the most pervasive of the behavioral patterns.

Pasupathi and Lockenhoff’s second behavioral type entailed acts seen as beneficial, positive, compassionate, and protective of older individuals. Deferential treatment and protecting residents of long-term care facilities would be examples of this type of behavior.

The final behavioral category was behaviors that are negative or harmful, and the most clearly ageistic of the three behaviors. Denial of access to services, negative depictions of older people in the media, and use of baby talk when interacting with seniors are examples of this type of behavior.

Levy (2001) indicated that ageism not only influences the behavior of caregivers toward older individuals but also directly impacts the behavior of older individuals. Nelson (2005) reported that ageism creates a self-fulfilling prophecy with older individuals accepting the message that they are “no longer independent, contributing adults” (p. 210). Clearly, ageism is an insidious “ism” affecting treatment of and behavior toward elders.

Older individuals can be a rich resource in their communities. Unfortunately, ageism and the accompanying reduction in expectations of competence placed on older individuals will “fail to maximize the potential of older persons on either a paid or voluntary basis and deny them the opportunity to play a significant role in our cultural life” (International Longevity Center, 2006).

The question of how to reduce ageism is important to leisure service providers on several levels. First, we must deal with our own ageism, reflected in our attitudes and beliefs about older individuals. Awareness that we stereotype older individuals is a first step. However, it is also important to recognize that older individuals themselves

may believe in ageistic stereotypes and there is a danger this may limit their opportunities for Ulyssean living.

One of the authors recalls working at a camp for seniors. All participants were in their later years. It was common for people to respond, "I am too old to for that" when offered the opportunity to participate in activities such as horseback riding or softball. The solution was to get individuals to try the activity and realize their actual experiences disconfirmed their perceptions. Once an individual tried an activity and succeeded, the concept of being too old was overridden by the enjoyment of the activity.

An effective way of reducing negative perceptions about the elderly is through programs bringing old and young individuals together. The benefits of intergenerational programs have been widely noted (Scannell and Roberts, 1994; Newman, Ward, Smith, Wilson, McCrea, Calhoun & Kingson, 1997; McGuire & Hawkins, 1999; Ory et al. 2003; Hagestad & Uhlenberg, 2005) and should therefore be encouraged as a means to foster changes in perceptions and create increased opportunities for social interaction and exchange. Not only should younger adults be put in the positions of helpers to the elderly, but they should also have the opportunity to learn from the elderly. Contact is not enough to change attitudes—the quality of the interaction is crucial.

Another factor observed in the literature is that experience working with older adults becomes more effective when combined with instruction. Therefore, a combination of intellectual and affective components should be included when developing intergenerational experiences. We only value what we appreciate. If we want older persons to be valued, we need to create avenues for them to present themselves in a positive light and for younger generations to learn to appreciate them as individuals, not simply members of a stereotypical group.

The importance of having accurate knowledge of aging cannot be overstated. The leisure service provider lacking such knowledge risks treating individuals in such a way that stereotypical beliefs and ageistic attitudes are supported. Forgetfulness will be interpreted as senility, any interest in sexuality will support a "dirty old person" image, conservative opinions will signify rigidity, time spent alone will be viewed as a time of isolation and loneliness, a decision to not become involved in activities will be blamed on depression and fear, and automobile accidents will prove it is time to revoke the driver's license. Ageism and stereotypes act as limiters on older individuals and as discriminatory agents that will "obscure the reality that older people by and large have the same needs as the rest of the community, that is, the need for participation in and contribution to education, sport, and creative and political activity" (Angus and Reeve, 2006, p. 145). If older individuals are to be viewed as the unique, varied entities they are, it is necessary to erase the false pictures that have developed in many of us. Whether our function is to facilitate leisure involvement or deal with aging parents, the first step is to gather factual, accurate knowledge of the aging process and the forces experienced by the aging person.

### **Demography of Aging**

Prior to examining the forces shaping leisure in later life, it is important to understand the general characteristics of the aging population in America. Demographics provide a composite picture of this group. However, demographics do not provide information about any given individual. Knowing the percentage of individuals residing in urban areas or the proportion of people who are college graduates does not increase knowledge about the individuals behind the statistics. Nevertheless, demographics provide a necessary starting point to understand the forces resulting in the social phenomenon of aging.

**Life expectancy.** More people are living longer than ever before. Life expectancy at birth in 1900 was 47.3 years, in 1996 it was 76.1 years, by 2000 it was 76.9 years, in 2004 it was 77.9 years, and by 2009 had risen to 78.2 years. Recent increases in life expectancy are mostly due to decreases in mortality among individuals who are middle aged or above. This is in contrast to earlier in the century when increases in life expectancy were attributable primarily to decreased death rates in the young. As a result, life expectancy at age 65 has increased dramatically. Since it is unaffected by infant mortality rates, life expectancy once individuals reach age 65 is a more accurate indicator of later life longevity. In 1900, an individual who was 65 could expect to live an additional 11.9 years. By 1996, this had increased to 17.7 years. By the year 2000, an individual aged 65 could expect to live an additional 17.9 years. By 2009, the average life expectancy at 65 was 18.8 years (Administration on Aging, 1997; 2002, 2006 a, 2011a; U.S. Department of Health and Human Services, 2006a). Clearly, life does not end at 65! Many more years are available for growth, development, and change.

However, life expectancy varies based on gender and race. There has been a gender gap in life expectancy, with women experiencing greater increases in life expectancy than men do. A female born in 1997 had a life expectancy of 79.4 years, whereas a male had a life expectancy of 73.6 years. A woman reaching age 65 today has a life expectancy of an additional 20 years, whereas a similarly-aged man could expect to live an additional 17.3 years. The math is simple: a woman reaching her 65th birthday can expect to live until age 85 and a 65-year-old male until age 82.

In addition to gender differences in life expectancy, there are racial differences. For example, in the year 2003, at age 65, White females had an average life expectancy of approximately 19 years while Black females had a life expectancy of approximately 18

years. White males had an expectation of an additional 17 years and Black males approximately 15 years (Administration on Aging, 2006a, 2011a; National Center for Health Statistics, 2007; Federal Interagency Forum on Aging-Related Statistics, 2000).

**Age composition.** The American population is growing older. In 1900, less than 4% of the population was 65 or over. By 2010, this had increased to 13.1%, representing approximately 40 million individuals. In 2010, 2.6 million individuals celebrated their 65th birthday, an average of over 7,000 individuals every day. There is an annual net increase in the 65 and over population of approximately 814,000 people. The projections for the future indicate this aging trend will continue. By 2020, there will be 55 million Americans aged 65 or over and by 2030, this number will increase to 71.5 million, composing almost 20% of the population (Administration on Aging, 2006, 2011a).

The increase in the population of individuals 85 years of age or over, frequently labeled “the oldest old,” has been dramatic. In fact, they are the fastest growing age group. The number of individuals 85 years of age or older was 5.1 million in 2005, 42 times larger than the number in 1900 and they now compose almost 14% of the entire elderly population. By the year 2050, 24% of the 65 or older population in the U.S. will be 85 or over and 5% of the entire population of the U.S. will be 85 or over (U.S. Census Bureau, 1997; Administration on Aging, 2006 b).

**Race and ethnicity.** The proportion of the White population over the age of 65 is greater than the proportion of either the Black or the Hispanic population. Approximately 15% of the White population is 65 or over. This compares to 8.2% of the non-Hispanic Black population, 4.9% of the Hispanic population, 7.8% of the American Indians and Native Alaskans, and 7.8% of the

Asians and Pacific Islanders (Administration on Aging, 2002).

The proportion of the older population composed of minorities is increasing. According to the Administration on Aging (2011a), 20% of the elderly population in the United States in 2010 was other than non-Hispanic White. This will increase to approximately 24% by 2020. In addition, the growth of the minority aging population is increasing at a much higher rate than the non-minority population. For example, between 1999 and 2030, the over 65 years of age White population is expected to increase 81% whereas the minority population is expected to increase by 217%. The largest increase will be in the Hispanic American population, a 322% increase, followed by the elderly Asian population, a 301% increase, and the African American population, increasing by 128% (Administration on Aging, 2004, 2011a).

**Residential distribution and living arrangements.** In 2010, 56% of all individuals 65 years of age or over resided in 11 states: California, Florida, New York, Pennsylvania, Texas, Illinois, Ohio, Michigan, North Carolina, Georgia, and New Jersey. Each of these states had over one million residents aged at least 65. In 2010, Florida had the highest proportion of residents 65 or over, 17.4%. It was followed by West Virginia (16.1%), Maine (15.9%), Pennsylvania (15.5%), Iowa (14.9%), and Montana (14.9%). The states with the smallest proportion of older residents were Alaska (7.7%), Utah (9%), Georgia (10.7%), and Texas (10.4%).

Ten states had an increase of over 20% in the 65 or over population between 2005 and 2010. The states with the greatest increases were Alaska (50%), Nevada (47%), Idaho (32.5%), Arizona (32.1%), Colorado (31.8%), Georgia (31.4%), Utah (31%), and (30.4%) for South Carolina (Administration on Aging, 2011a).

In 2010, most older people lived in family settings. The most common living arrangement was with one's spouse. Approximately 70% of all males and 41% of females aged 65 or above lived with their spouse (Administration on Aging, 2011a). On the other hand, 19% of men and 37% of women lived alone. The number of elderly living alone increases with advancing age. In 2011, nearly half (47%) of all women aged 75 or older lived alone (Administration on Aging, 2011).

Few older individuals reside in nursing homes. In 2009, only 4.1% of the over-65 population were in a long-term care facility. However, 13% of those 85 or over were living in this setting (Administration on Aging, 2011).

**Gender.** Women outlive men and as a result, there are more women than men in the elderly population. The "sex ratio" is the number of males per 100 females. In 2000, the sex ratio for the total population was 96 (or 96 males for every 100 females). Among people 65 or over, the ratio was 70. With increasing age, the number of males compared to the number of females decreases, from 82 in the 65-to-74-age population, to 41 in the 85 and older population (U. S. Census Bureau, 2004)

**Marital status.** One result of the longer life expectancy of women is the likelihood they will outlive their husbands. In fact, 72% of non-institutionalized older men were married and living with their spouse in 2010, while only 42% of the older women were living with their spouse. Approximately 40% of all older women were widows, a percentage that increases to 77% of women 85 or older. Among men aged 85 or older, 35% were widowed (Administration on Aging, 2011a; Federal Interagency Forum on Aging Related Statistics, 2006).

**Economic characteristics.** The older population is poorer than the general popu-

lation. However, there is great variation in the financial status of the elderly. The Administration on Aging (2011a) reported that in 2010 the median income of older individuals was \$25,704 for males and \$15,072 for females. For all households headed by individuals 65 years of age or over median income was \$45,763. Families where the head was non-Hispanic White had a median income of \$47,584, whereas the median income for African American headed households was \$37,037, for Asian headed households the median income was \$42,986 and for households headed by Hispanics aged 65 or over the median income was \$32,338. Many older Americans, approximately 6%, had household incomes below \$15,000 while 64.1% had incomes over \$35,000 (Administration on Aging, 2011a).

Large numbers of older individuals live below the poverty level—approximately 9%. The poverty rate was higher among older African Americans (18.0%) and Hispanics (18.0%) than among elderly Whites (6.8%) and Asians (14.6%). Older women (10.7%) had higher poverty rates than men (6.7%) and older persons living alone (16.0%) were more likely to be in poverty than those living with family (5.5%). Hispanic women living alone had the highest poverty rates (40.8%) followed by African American women (30.7%) who resided alone (Administration on Aging, 2011a).

The meaning of limited income is dramatic in the later years. According to Harris (1978), “income is the crucial determinant of how the aged live. The level, adequacy, and maintenance of income directly affect other aspects of the lives of the elderly” (p. 36).

**Employment.** A large number of older Americans remain in the workforce after the age of 65. According to the Administration on Aging (2011a) 6.7 million older Americans, representing 17.4% of the older population, and 4.4% of the total work force, were either working or seeking work. About 6.7%

of older individuals were identified as unemployed. Over 20% of men 65 or over and approximately 14% of women 65 or older are either employed or seeking work

**Education.** The aging population is more educated than at any other time. The percentage of older Americans with a high school degree increased from approximately 28% to 79.5% between 1970 and 2010 and approximately 22.5% had at least a bachelor’s degree in 2010. There were racial and ethnic differences however. Among older White Americans, 84.3% had completed high school compared to 64.8% of African Americans, 47% of Hispanics, and 73.6% of Asians and Pacific Islanders (Administration on Aging, 2011a).

**Health characteristics.** Older Americans are less healthy than their younger counterparts are. In 2010, 64.7% of individuals aged 18 to 64 rated their health as good or excellent compared to 40% of non-institutionalized individuals aged 65 or older. Only 26.0% of older African Americans and 28.2% of older Hispanics rated their health as good or excellent, compared to 42.8% of older Whites and 35.3% of older Asians. Over half of all Americans aged 65 or older reported having some type of disability, with 37% identifying a severe disability and 16% needing assistance to meet personal needs. By age 80, those numbers increased, with 56% of the age group reporting a severe disability and 26% reporting they needed assistance. Over 27% of individuals aged 60 or over were obese. The most common chronic health conditions among individuals aged 65 and over were hypertension, arthritis, and heart disease. Women had higher levels of asthma, arthritis, and hypertension than men did, whereas men reported higher levels of heart disease, cancer, and diabetes than women did. (Administration on Aging, 2011a; Federal Interagency Forum on Aging

Related Statistics, 2012).

In 2009, the leading cause of death among older individuals was heart disease, followed by cancer, chronic respiratory disease, stroke, Alzheimer's disease, diabetes, and influenza and pneumonia. The rate of death from most of these diseases has declined. For example, the death rate from heart disease and stroke decreased by 50% between 1981 and 2009. However, there was an increase in deaths from diabetes and respiratory diseases from 1981 to 2009 (Federal Interagency Forum on Aging Related Statistics, 2012).

**Use of time.** Data from 2010 indicate that older individuals spend approximately 25% of their time engaged in leisure activities, with the proportion increasing from 22% for those aged 55 to 64 up to 29% for those aged 65 to 74 and 32% for those aged 75 or over.

Other activities pursued in a typical day included:

- Sleeping (35% of the day for those aged 55 to 64, 29% for those 65 to 74, and 39% for those aged 75 or older);
- Work and work related activities (16%, 5% and 1% for each age group); and
- Household activities (9% for those aged 55 to 64, 10% for those 65 to 74, and 10% for those aged 75 or older).

The most common leisure activities were:

- Watching TV (68% of leisure for those 55 to 64, 56% for those 65 to 74 and 58% for those 75 and older);
- Socializing and communicating (11% for those aged 55 to 64, 10% for those 65 to 74 and 8% for those aged 75 or older);
- Reading (7% for those aged 55 to 64, 9% for those 65 to 74, and 12% for those aged 75 or older); and
- Relaxing and thinking (5% for those aged 55 to 64, 8% for those 65 to 74, 9%

for those aged 75 or older).

A small percentage (5% of those 55 to 64, 4% of those 65 to 74, and 3% of those 75 or older) engaged in sports, exercises or recreation during leisure (Federal Interagency Forum on Aging Related Statistics, 2012).

**The next generation.** A publication by Civic Ventures (2007) provides an interesting demographic snapshot of the coming baby boom generation:

1. 26.8% of all current Americans are baby boomers;
2. Over 3 million boomers turned 60 in the year 2006;
3. By 2030 the baby boomers will be between the ages of 66 and 84, making up 20% of the population;
4. Approximately 17% of the boomers are people of color;
5. Nearly one third are obese;
6. Their annual spending power is estimated to be \$2 trillion;
7. More than 75% are expected to keep working past the age of 65.

## What Do All These Numbers Mean?

The future will be marked by an expanding older population. There will be more people over the age of 64 than ever and they will live longer, and better, after the age of 65 than any previous cohort. However, the increasing numbers will be matched by increasing diversity as racial, ethnic, and financial differences increase. This challenges service providers, including those in the leisure field, to prepare for the coming aging of America.

The data reported above provide a macro-level perspective of the aging population in the United States. They form a starting point from which to build an understanding of this age group. However, the reader should

not lose sight of the individuals making up the statistics. As people age, they become increasingly unique. Therefore, it is impossible to make predictions about the behavior of older people based on the above information. According to Kalish (1975):

Highly accurate predictions can be made about newborns based only on knowing their ages and that they are basically normal. As people become older, our ability to predict behavior simply from knowing a person's chronological age diminishes. In brief, older adults vary more in biological and behavioral functioning than do younger adults (p. 4).

As Myers (1990) indicated, “traditionally we have distinguished between aging as an individual phenomenon and aging as an aggregative process through which population structure is modified” (p. 21). Generally, individuals providing leisure services will be more concerned with aging at the individual level rather than at the structural level. Services should be based on the needs of each individual. Nevertheless, an understanding of aging in the aggregate is significant for the development of policy related to leisure services.

## Conclusion

The perspective we take toward aging will influence the services we provide. If the later years are viewed as a time of decline, lost hope, and ultimately death, services will be based on maintaining functioning to as great a degree as possible while placing minimal demands and expectations on the individual.

An alternative perspective, and the one to be pursued in this book, is what Kalish identified over many years ago as a Personal Growth Model of Aging (1979). As a result of role loss (viewed as an opportunity, not a problem), the reduced need to be

constrained by social convention, increased discretionary time, and motivation growing out of knowledge that time is finite, older individuals have the opportunity to enter a new stage of development marked by growth and expansion. The Ulyssean lifestyle described in this chapter is harmonious with the personal growth model.

Although there are losses that accompany the aging process—some biological and necessary but many social and contrived—these do not negate the opportunity for growth. All periods of the life cycle are marked by events and situations that are potentially confining. The high school student without money, the individual committed to caring for children and unable to attend law school, the 48-year-old executive unable to quit her job and become an artist because she fears an uncertain future—all are operating under constraints. They are no less burdened than the 70-year-old with arthritis is.

Individuals have the potential to change their situations, or at least accept them and begin an Ulyssean journey. The help of a trained professional may be needed. This book is the start of your Ulyssean journey toward becoming a trained professional prepared to deliver leisure services. As you examine the information we present, remember the later years can be one of the freest, most fulfilling periods of life. Older people are people first and only incidentally “old” as a result of the labeling process experienced by all groups. It does not mean infirm, disabled, or used up. It identifies an individual who has successfully negotiated at least 65 years of life, nothing more and nothing less. If we allow ageism, myths, and stereotypes to shape our view of older people and drive the program planning process, we will deprive people of the opportunity for Ulyssean living.

Leisure, and leisure professionals, should provide an arena where opportunities for engagement are free from myths, stereotypes, and ageism. The choices inherent in leisure

behavior should provide older individuals opportunities for dignity, self-determination, freedom, and self-expression. Professionals working with older individuals must be aware of their own beliefs about aging and focus on the uniqueness of individuals rather than generalizations about the aging population. As Cuddy et al. (2005) stated,

“While noticing someone’s age is not inherently offensive, acting on age-based stereotypes clearly is; sadly prejudice against older people often goes unchallenged by mainstream society” (p. 280). We urge you to examine, and challenge if necessary, your own beliefs about aging as you embark on your own Ulyssean journey through this book.