

Sixty-Five Isn't What It Used to Be: Changes and Trends in Perceptions of Older Adults

Introduction

With increasing life expectancy, adults can look forward to more years after age sixty-five than previous generations, many with better health, financial stability, and increased expectations of social activity. Yet, many Americans feel that the “golden years” are anything but idyllic, perceiving that older adults face a lonely life filled with health, financial, and medical worries. However, as the baby boomer generation has approached that stage in the life course, more Americans are confronted with a changing image of what it means to be sixty-five years or older. Given the fluctuating portrayal of older adults in television,¹ advertising,² and in popular magazines,³ Americans may perceive older adults differently from previous generations. These shifting perceptions of older adults and the concerns they face not only impact how society sees these individuals and the roles they fill, but also how members of society anticipate the aging process and the expectations they have for themselves. Using two studies- *Myth and Reality of Aging*⁴ from 1974 and the *American Perceptions of Aging in the 21st Century*⁵ from 2000- we discuss changing trends in perceptions of adults sixty-five years or older. Specifically, we explore the following questions: 1) how are the lives older adults perceived?; 2) how have perceptions of older adults changed over the last thirty-five years?; and 3) how might the baby boomer generation influence perceptions of the lives of older adults?

Aging Stereotypes

Theories looking to explain stereotypes suggest that they perform a variety of functions, from providing shortcuts when making judgments about unknown individuals or situations,⁶ to a

reaction to various social roles,⁷ to helping to form social identity.⁸ Though stereotypes can be both negative and positive, they are more likely to be negative and lacking in recognition of variance when about members of out-groups as opposed to those held about an individual's in-group.⁹ In addition, demographic variables such as age, race, and gender can trigger automatic and specific types of stereotypes that are primed from social cues and interactions¹⁰ primarily because American culture is filled with information that reinforces these stereotypes.¹¹

Studies on portrayals of older adults suggest that aging stereotypes form early in childhood¹² and fortification of these perceptions occurs throughout adulthood.¹³ Beyond influencing how individuals view older adults and the aging process, the internalization of these stereotypes can lead to assumptions about one's own aging process. As people age, stereotypes are further enhanced by negative images found throughout daily life. Implicit attitudes toward aging, often originating from past experiences and encounters, can be characterized as "automatic associations people have between an object and evaluation."¹⁴

In contrast to implicit attitudes, explicit attitudes toward aging might be a more premeditated response to a more recent event. Often these internalized forms of reinforcement will go unrecognized because the events do not immediately pertain to that individual.¹⁵ As a consequence, aging stereotypes become aging self-stereotypes once people reach an age for which the stereotypes become relevant. For decades, primes such as family, community, and media have reinforced aging stereotypes internalized during childhood making them self-stereotypes that often pass from generation to generation.¹⁶ Even labels used for older adults, such as "elderly," "aged," or "senior citizen," can convey the stereotypes of frailty, ill-health, and senility. That is why it is more common, particularly in gerontology and sociology, to use the terms "older adults" or "elders" when referring to individuals aged sixty-five or older, as

these labels carry more positive connotations.¹⁷ Thus, aging stereotypes exist across the life course, and are reinforced by messages continuously provided through various aspects in society and, as an individual ages, experiences combine with these messages to provide an often-negative view that can affect perceptions of self-aging. For this paper, we discuss some of these common and changing stereotypes that Americans of any age may have toward older Americans and the aging process, particularly: loneliness, not having enough money to live, not having enough job opportunities, poor health, not having enough medical care, and fear of crime.

Loneliness in Older Adulthood

As Americans age, the thought of loneliness and isolation can be daunting; in fact, older Americans continue to value autonomy as they age.¹⁸ Many older adults prefer "intimacy at a distance,"¹⁹ or the wish to have continuous and meaningful contact with their children and other kin, but do not wish to reside in the same household. This, coupled with the decline in multigenerational family households across the twentieth century,²⁰ encourages the stereotyped image of older adults living a desolate existence alone. However, alone does not always translate into lonely.²¹ Though there is often a relationship between loneliness, social isolation and living alone, it is usually the case that older adults experience less loneliness than what is perceived and measured by others.²²

Given these multifaceted trends balancing the desire for autonomy with the challenges of solitary living, we hypothesize that the perception of *loneliness* as a problem for older adults will be greater for those who are **younger** than sixty-five than for those who are over sixty-five. Further, with the decline in multigenerational family households over the latter part of the

twentieth century, we hypothesize that this perception of *loneliness* as a problem for older adults will *increase* for both age groups between 1974 and 2000.

Financial and Employment Concerns in Older Adulthood

Both older men and older women believe that monetary resources are important factors across the life course.²³ Financial advantages early in life can help provide educational opportunities, productive environments, and occupational successes. These foundations, in turn, can provide higher wages, more opportunities, and other advantages, such as maintaining good health in later years.²⁴ When comparing younger Americans with older Americans, the perception of monetary satisfaction derive from different sources: younger Americans are more concerned with achieving a higher, more prominent socioeconomic status as they age, whereas older Americans are more concerned with upholding the economic status they have already achieved.²⁵ This means that younger adults may perceive financial concerns as more pressing for older adults than older adults perceive for themselves.

One component of having enough money as one ages is concerns for opportunities for employment in later life. Myths about older adults in the workforce often stem from the belief that as people age, their ability to perform work-related tasks declines or that they are not as motivated to learn more about their field.²⁶ Yet many older Americans are in good health, willing to learn new skills in order to improve the workplace, and are flexible in terms of pay, position, and hours.²⁷ Further, the traditional assumption that sixty-five is the prime age to retire so that people can “relax and enjoy their golden years” has changed dramatically, with the baby boomer generation working for longer into their older years than previous generations.²⁸ These stereotypes regarding aging can lead to ageism in hiring, preventing older workers from finding

the employment opportunities they would like to pursue,²⁹ particularly if employers prefer to higher younger employees who are cheaper to employ.³⁰

With increased life expectancy requiring financial security for longer into the later years, and strong stereotypes contributing to employment prospects, we hypothesize that the perceptions of *not having enough money to live* and *not enough job opportunities* as problems for older adults will be greater for those who are **younger** than sixty-five than for those who are over sixty-five. Further, as older adults have expected to continue working into later years than previous generations, we hypothesize that this perception of *not having enough money to live* and *not enough job opportunities* as problems for older adults will **decrease** for both age groups between 1974 and 2000.

Declining Health and Medical Access for Older Adults

The perception of, or concern about, poor health may stem from the fear many older adults have that they will need caregiving as chronic illness and physical impairments increase.³¹ With the increase of the “sandwich generation-” or adults who may need to care for their children and their parents simultaneously- many adults may have experienced the caregiving role by assisting parents or grandparents as they aged and fear the role declining health plays in the aging process.³² The combination of the stereotype of the “frail and sickly elderly” and personal experience helping previous generations through the aging process can lead to the perception that all older adults face poor health. However, the baby boomers and future generations of older adults face a longer life expectancy and healthier trajectory than previous generations. This expectation of health later into older adulthood is the product of assistive technologies that have

become more widespread in aiding those with disabilities, and expanding medical procedures and pharmacological treatments that have increased the ability to cope with chronic illness.³³

Despite increased ability to manage chronic illness, access to health insurance and healthcare presents a problem to the population of older Americans who are now living longer than previous generations and continue to face rising healthcare costs.³⁴ Older Americans are considered to be in a bracket of their own by health insurance companies: the “high utilizers.”³⁵ In fact, it is estimated that, by 2030, the baby boomers will comprise 49.2 percent of the population with chronic illnesses.³⁶ Thus, for older Americans who may not have it, insurance becomes increasingly difficult to obtain, and many older adults who need care may not have access to it due to rising healthcare costs.³⁷

Increased life expectancy has brought concerns of declining health in older adulthood to the forefront, and rising costs of healthcare have contributed to issues with access. Because of these combined challenges, we hypothesize that the perceptions of *poor health* and *not enough medical care* as problems for older adults will be greater for those who are **over** sixty-five than for those who are younger than sixty-five. Furthermore, older adults have had the benefit of increased medical care for chronic illnesses and employment opportunities that included health insurance as compared to previous generations. Thus, we hypothesize that this perception of *poor health* and *not enough medical care* as problems for older adults will **decrease** for both age groups between 1974 and 2000.

Fear of Crime in Older Adulthood

The perception that older adults are concerned about crime may stem from how data on this phenomenon was collected and made known publicly in the past. Though early research

showed that older adults feared crime,³⁸ critics argued that the use of close-ended measurements sensitized respondents to the issue of crime and directed their attention toward it.³⁹ Furthermore, common measures of fear of crime asked respondents whether they feared walking alone at night near their home, which assesses fear of personal attack outside the home and perceived vulnerability or safety rather than general anxiety about crime.⁴⁰ Given these methodological concerns and the steps taken to correct them,⁴¹ it is not surprising that current research indicates that older adults do not live in fear of crime; in fact, younger adults are more likely to report fear of crime.⁴² Why, then, does the perception exist that older adults live in fear of crime? The most important factor is the increase in media coverage and depictions of rising crime for all age groups.⁴³ This acceptance that violent crime is rampant in society (despite declining crime rates in much of America),⁴⁴ combined with the belief that older adults are socially isolated⁴⁵ and findings from early research done on this topic may continue to further the stereotypes of older adults as fearful of crime.

Given the prevalence of the belief that violent crime is a concern for all age groups and the stereotype of the fragile and isolated elder, we hypothesize that the perception of *fear of crime* as a problem for older adults will be greater for those who are **younger** than sixty-five than for those who are over sixty-five. Further, as current research indicates that crime is less of a concern for older adults than previously believed, we hypothesize that this perception of *fear of crime* as a problem for older adults will **decrease** for both age groups between 1974 and 2000.

Methods

To test these hypotheses, we analyzed data from two of three datasets collected by the National Council on Aging (NCOA), in which participants were asked for their opinions

regarding the stereotypes and reality of aging. The first survey in this series was conducted in 1974 (*Myth and Reality of Aging*⁴⁶), the second survey was conducted in 1981 (*Aging in the Eighties*), and the third survey was conducted in 2000 (*American Perceptions of Aging in the 21st Century*⁴⁷). In each survey, two questionnaires were presented: one for respondents ages eighteen through sixty-four and one for respondents aged sixty-five and older. The 18- to 64-year-old respondents were asked how they perceived people ages sixty-five and older felt about aging; the questionnaire for respondents aged sixty-five and older asked how they truly felt about aging and the aging process. All surveys had an oversample of those age sixty-five and above and minorities age sixty-five and above. The present study uses the 1974 and 2000 surveys for comparison across the broadest range. The 1974 survey had a sample of 4,254 respondents (1,457 ages 18-64 and 2,797 ages 65+) and the 2000 survey had 3,046 respondents (1,893 ages 18-64 and 1,153 ages 65+).

Respondents were asked about an array of concerns and the severity of the problem those concerns were for most people over sixty-five these days: very serious problem, somewhat serious problem, or not (or hardly) a problem at all. Perceptions of problems with six specific issues were asked in both the 1974 and 2000 surveys: 1) loneliness, 2) not having enough money to live, 3) not enough job opportunities, 4) poor health, 5) not enough medical care, and 6) fear of crime. Though perceptions of other concerns were asked in the 1974 study (poor housing, not enough clothing, not enough to do to keep busy, not enough friends, not feeling needed, not enough education), they were not repeated in the 2000 survey and, therefore, could not be compared for change. Only one perceived concern was asked in 2000 that had not been asked in 1974: whether often feeling sad or blue is a problem for older adults. For the present study, we determined the percentage of respondents for whom issues were perceived as “very serious

problems” for older adults, compared the perceptions of those younger than sixty-five to those older than sixty-five to understand how those perceptions differ by age group, and compared perceptions from 1974 to 2000 to learn how they have changed across the time period for each age group.

Results

Table 1 presents the percentages of perceptions of “very serious problem” for each age group (under sixty-five and sixty-five and older) at both time periods (1974 and 2000). Adults younger than sixty-five were more likely to perceive issues as “very serious problems” for older adults in *loneliness*, *not enough job opportunities*, and *not enough medical care* in the 1974 study. Adults over sixty-five in 1974 were more likely to report concern for *not having enough money to live*, *poor health*, and *fear of crime*. Despite slight differences between groups, the majority of both age groups perceived four of the six categories (*not having enough money to live*, *poor health*, *loneliness*, and *fear of crime*) as “very serious problems for older adults.

Table 1: Perceives Issues as a "Very Serious Problem" for Older Adults, by Age and Year (in percentages)

	<u>1974</u>		<u>2000</u>	
	Ages 18-64 (n=1457)	Ages 65+ (n=2797)	Ages 18-64 (n=1893)	Ages 65+ (n=1153)
Not Having Enough Money to Live	61.7	62.7	52.7	50.0
Poor Health	51.3	55.2	40.6	35.9
Loneliness	61.4	58.2	36.9	28.5
Fear of Crime	51.0	53.0	44.9	37.5
Not Enough Job Opportunities	45.6	35.3	44.4	26.3
Not Enough Medical Care	45.0	39.3	27.8	22.4

By the 2000 study, adults younger than sixty-five were more likely to perceive issues as “very serious problems” for older adults in all six categories as compared to adults older than sixty-five. In the 1974 study, all categories except *not enough job opportunities* and *not enough medical care* had the majority of respondents reporting them as a “very serious problem” for older adults; however, by 2000 only one category (*not having enough money to live*) garnered the majority of both age groups in believing it is a “very serious problem” for older adults. The remaining five categories were below 50% in both age groups.

We hypothesized that the perception of loneliness as a problem for older adults would be higher for those *younger* than sixty-five than for those sixty-five and over; this was the case in both the 1974 and 2000 studies. Further, we hypothesized that the perception of not having enough money and not having job opportunities as a problem for older adults would be higher for those *younger* than sixty-five than for those over sixty-five. Though this was true for the concern with not enough job opportunities at both time points and with the 2000 study for not having enough money to live, adults older than sixty-five in 1974 had a slightly higher percentage who believed that not having enough money to live was a very serious problem for older adults than those younger than sixty-five.

In addition, we hypothesized that the perception of poor health and not enough medical care as a concern for older adults would be higher for those *older* than sixty-five than younger; however, except for the sixty-five and over adults in the 1974 sample having a higher percentage than their younger counterparts in their belief that poor health was a concern, this set of hypotheses was unsupported. Finally, we hypothesized that the perception that fear of crime was a very serious problem for older adults would be higher for those *younger* than sixty-five than for

those over sixty-five; though this was supported in the 2000 survey, it was not in the 1974 survey.

To understand the trends across time and see which showed the most dramatic change, we examined the differences in percentages from 1974 to 2000. Table 2 presents the change in percentages of the perceptions of issues as “very serious problems” for older adults between the two age groups across time. Between 1974 and 2000, both age groups reported perceived less concern for issues as “very serious problems” for older adults in *all* six categories. The largest decline was in perceived loneliness for older adults, at 24.5% decrease for adults younger than sixty-five and a 29.7% for adults over sixty-five.

Table 2: Change in Perceptions of Issues as "Very Serious Problem" for Older Adults from 1974 to 2000, by Age (in percentages)

	Ages 18-64	Ages 65+
Not Having Enough Money to Live	-9.0	-12.7
Poor Health	-10.7	-19.3
Loneliness	-24.5	-29.7
Fear of Crime	-6.1	-15.5
Not Enough Job Opportunities	-1.2	-9.0
Not Enough Medical Care	-17.2	-16.9

We hypothesized that for the concerns *not having enough money*, *not having enough job opportunities*, *poor health*, *not enough medical care*, and *fear of crime* both age groups would see a decline in the percentage who perceived these as being “very serious problems” for older adults, and these hypotheses were supported. However, we hypothesized that both age groups would see an *increase* in the perception that loneliness is a “very serious problem” for older adults, yet both age groups saw declines in the percentage for this concern. In fact, the largest decline in percentage across time for either age group was in this category.

Discussion

Increasing life expectancy over the last fifty years, coupled with the largest cohort in history- the baby boomers- moving into older adulthood has brought the implications of the aging process to the forefront of social awareness. This study examined the perceptions of the severity of problems confronting older adults and how those perceptions may have changed from 1974 to 2000. Particularly, we were interested in the differences in perceptions of those who were younger than sixty-five compared to those who were older than sixty-five.

Our research suggests that, particularly for *loneliness*, *poor health*, and *not enough medical care*, perceptions of the concerns facing adults aged sixty-five and over have been increasingly less negative among both adults aged eighteen to sixty-four and those adults who are themselves aged sixty-five and over. This suggests that a growing understanding of issues faced by older adults has led to a more realistic and positive view of the older years and a decline in negative stereotypes often associated with aging. A wave of books dedicated to the baby boomers' process of aging⁴⁸ may have contributed to making individuals more socially knowledgeable about the myths and realities of this process and less likely to rely on outdated stereotypes from previous generations. Of particular note in our study was the fact that there was a dramatic decrease in how those age sixty-five and over view problems for themselves and their peers, supporting the idea that changing perceptions are particularly important for those for whom the expectations of aging are most relevant: older adults.

The strongest of these changing trends has been in the perception of loneliness for older adults, with adults over sixty-five are much less likely to perceive loneliness as a concern facing older adults between 1974 and 2000. This is contrary to what we expected given the increase in

older adults living alone and the decline of multigenerational family households. One possible explanation for the shift in this stereotype lies in the reasons for living alone that may have changed over the last fifty years. Whereas solitary living in the early part of the twentieth century would have been an indicator of a lack of family with which to live, today's older adults living alone may be more likely to have increased financial and physical resources that allow them to support themselves without family assistance.⁴⁹ This could signal a changing portrait of what "living alone" means for older adults. In addition, more older adults continue their employment and social activities into later life, perhaps leading to the belief that even if they are alone in the home, they live far from "lonely" lives.

Another changing trend, particularly for adults over sixty-five, was the decline in perception of poor health in later life. Though we expected a decrease in the percent of both groups believing this concern was a very serious problem between the two time periods, it was somewhat surprising that the largest decline was for adults over sixty-five. It appears that, despite increased experience with caregiving for older generations and the potential that increased life expectancy will lead to physical decline, adults of all ages are less likely to see poor health as a "very serious problem" for older adults. This could support findings from previous research that the availability of medications and medical procedures that assist with chronic illness leads to an expectation of health later into adulthood.⁵⁰ Perhaps the largest influence in changing perceptions has been the increase in life expectancy leading to greater confidence in healthier and happier living into later years.

The final trend that showed the largest difference between time periods was for the perception of *not enough medical care* as a "very serious problem" facing older adults. Given the decline in the perception of poor health as a concern, it is reasonable that the concern for lack

of access to medical care would also decrease. Further, increased desire for employment into the later years, or “bridge employment” between careers and retirement,⁵¹ that may include health insurance could reduce the perceived concern of lack of access to medical care as compared to previous generations.⁵² However, with the rising costs of health care,⁵³ particularly for older adults, this trend may reverse for future generations.

Though the other three variables of interest we examined (*not having enough money to live*, *not enough job opportunities* and *fear of crime*) showed more modest declines, they contribute to the overall picture of the changing trends in perceptions of concerns facing older adults. It is unsurprising that, in addition to demonstrating less dramatic differences across time, *not having enough money to live* still remains a perceived concern for older adults for the *majority* of adults in both age groups. This may be indicative of awareness that fixed incomes in later life are of concern, combined with the fear that the safety net of Social Security will be non-existent⁵⁴ is a common topic in the media. However, given the apprehension for not having enough money in later life that half of the older adults in 2000 felt, it is somewhat surprising that only 26.3% over age sixty-five did not find the concern for job opportunities as a “very serious problem.”

In addition, the perception of the *fear of crime* as a concern for older adults showed much greater decline for those over age sixty-five than those younger. Older adults are much less likely to experience either violent crime or property crime than younger adults.⁵⁵ It could be that older adults were more aware that crime was not present or pressing concern in their own lives and, thus, that it would not be a “very serious problem” in the lives of most older adults.

Finally, adults aged sixty-five and over have been portrayed historically through negative stereotypes in advertising.⁵⁶ The presence of these negative portrayals is especially harmful in

advertising since social psychologists suggest that advertising reinforces these negative stereotypes.⁵⁷ Some of the negative stereotypes connected through advertising with adults aged sixty-five and over include the attributes of being reclusive, self-centered, and despondent, among others.⁵⁸ The dramatic decline in negative perceptions of older adults that we found for many common stereotypes may have been influenced by the increased positive portrayal (or decreased negative portrayal) in the media and the changing social attitudes regarding aging.

Our findings suggest that the perceptions of concerns facing older adults have become less negative for both younger and older adults over the last thirty-five years. The present study taps into the acceptance of the older years as less concerned with negative stereotypes—*loneliness, not enough money to live, not enough job opportunities, poor health, not enough medical care, and fear of crime*—and more awareness of the reality of an increased and positive presence across the life course.

Study Limitations

Though the separate studies give insight into the perceptions of aging at the time the studies were done, the comparative data we used from 1974 and 2000 provided an interesting glimpse into the *changing* trends of the views of aging. Unfortunately, many intriguing questions that were asked in 1974 were not asked in 2000, or vice versa, making comparisons for those trends across time impossible. For example, the 1974 study showed that 76.7% of respondents felt that older adults were healthier than previous generations, and 61.3% felt older adults were more financially stable; however 87.7% of respondents felt that older adults were much more likely to live alone. Yet, those questions were not asked in 2000 and comparisons of change across time could not be made. Had each of these questions been asked at both time

points, it could have provided further support for the reasons behind the changing trends that we found in our study. There were also no questions that asked respondents why they held the views they did regarding older adults, whether from personal experience, media portrayal, or something else. Responses to those questions could have provided greater insight into where aging stereotypes form and the salience of influences in shaping views. Finally, there was no distinction on whether perceptions of older adults would differ *across* the older years. For example, might both younger and older adults have different views for those aged eighty or more than for the sixty-five or more group as a whole? Unfortunately, these data do not allow for comparisons of this nature.

Implications and Suggestions for Future Research

The findings from this study have several potential implications. Primarily, this study raises awareness of the increasingly positive perceptions of older adults, which may be of importance to those in media and marketing. The image of the frail, lonely elder is fading in American culture, and the media should take note in how they portray this powerful segment of society. Perhaps equally important, older adults themselves may consider these findings encouraging, both in how they and their peers should perceive the expanding role of older adults and in the decline of negative perceptions from younger adults. This may be an indication of a potential for decreases in negative biases in employment, health care, or social relationships.

The three studies conducted by the National Council on Aging across nearly four decades have shown important changes in trends regarding the perceptions of concerns for older adults. However, the last of these nationally-representative studies was conducted in 2000, eleven years before the first baby boomer reached his or her sixty-fifth birthday. As the baby boomer

generation is only now beginning to enter the later years, the beliefs about older adults and their ability to live longer, healthier, and stay more active have the potential to change dramatically when such a large cohort moves into that stage of the life course.

The seventy-nine million Americans who make up the baby boomer generation redefined society across their life course, from influencing major social institutions (e.g.: family and education) to shaping social norms (e.g.: gender roles and race relations).⁵⁹ Just as this generation has redefined society's major institutions and beliefs, the baby boomers will influence how society perceives the aging process.⁶⁰ They will have unprecedented numbers who not only need care as they experience the aging process but who will have provided care to parents and spouses.⁶¹ They will work later into their older years,⁶² and keep independent households as long as possible.⁶³ The mere size of this cohort and their experiences ensures a tremendous impact in how future generations will comprehend the aging process and transitions across the life course.⁶⁴ Further research needs to be done to continue to study trends in aging and the aging process and changes as the baby boomer generation moves into and through the older years.

Another possible line of inquiry center on these changing perceptions: as baby boomers continue to move through the life course and other generations get older, will the positive changes in perceptions continue to improve? Further research into this area may provide clues whether perceptions of adults aged sixty-five and over will continue to grow more positive in the future. It seems with greater understanding of the older population comes less negativity in the perceptions of them among adults. This also warrants further examination in the area of the media's influence on these perceptions of the population of older adults because of the increased attention paid to concerns of older adults.

ENDNOTES

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