**Social Gerontology**

**Typical Learning Experiences of Students Earning Lower-Level Credit:**

* Work with older populations in a variety of circumstances such as in nursing homes, as home caretakers, in hospitals, in various official service-related positions, in daycare centers.
* Attend training sessions and workshops on issues relevant to the older populations such as mental and physical healthcare, retirement, housing and finances.

**Typical Learning Experiences of Students Earning Upper-Level Credit:**

* Applicants for upper level credit in this area are often granted credit in an area more narrowly defined. Common topics for which upper-level credit is awarded are specific conditions, treatments, programs or services for the older population.

**Discussion Topics:**

If you are familiar with some (but not necessarily all) of the following topics you may be eligible for lower-level credit in the area of social gerontology. If you are familiar with advanced questions, you may be eligible for upper-level credit. If knowledge of some of the topics is substantial, you might consider requesting additional credit in more narrowly defined areas.

**Gerontology: The Study of Aging**

(includes demographics; processes of aging; context and aging; beliefs about and attitudes towards aging; theories of aging; methodology)
Facts, definitions, concepts (lower-level):

* Describe at least four processes of aging and why it is important to include all four (or more) processes in the study of aging.
* Describe the “pyramid rectangularization” and some of the causes and implications of the population explosion among the elderly.
* What are some commonly held beliefs about aging in our society, and how have assumptions about aging changed over the years?
* Describe four theoretical approaches to the study of aging and the topical areas to which each approach is applied.

Relationships, knowledge of discipline, methodologies (upper-level):

* What is meant by primary, secondary, and tertiary aging, and how can this distinction be helpful in preparing for old age?
* Describe how ageism can dictate social policy and personal interactions.
* Why is it useful in the study of aging to discuss both social age and psychological age in addition to chronological age?
* In researching age, how do we distinguish between age differences and age changes?
* What are some of the main reasons for (and uses of) the increased interest in the study of the phenomena of the aging process?

**Biological Age**

( includes physiological changes with age; sensory capacities; the aging brain and the nervous system; health, gender and ethnicity)
Facts, definitions, concepts (lower-level):

* Describe the theories most often cited in helping us understand the biology of aging.
* What are some of the most prominent biological changes that occur with aging?
* Aging is not a disease, but why is it difficult to study “aging free of disease?”
* Describe how changes in speed of behavior can affect physical, perceptual and cognitive performance in older adults.
* What are some of the frequently observed age-related changes in memory function?

Relationships, knowledge of discipline, methodologies (upper-level):

* Explain why the common misconception that “learning is impossible in old age” is not valid based on current research findings.
* One of the most consistent findings in the study of aging is an increase in reaction time. What are some plausible explanations for this, and how can we utilize those to better understand and assist elders?
* What is the implication of this statement: “Physical dependency is a precursor to behavioral dependency?”
* Explain the recent explosion in research on everyday memory and what implications may be drawn from the research for applied settings.
* What do we know about the rate of intellectual changes in adulthood and late life?
* In order to distinguish between normal vs. pathological aging it is important to look at several factors in the life of older people. Explain.
* What are some gender differences in both disease status in old age as well as in use of health services. Give possible reasons for these differences and discuss the implications for the future.

**Context of Aging**

(includes living environments, socioeconomic context, society’s attitude, organizations, religion.)
Facts, definitions, concepts (lower-level):

* Describe some role gains and losses that may occur during adulthood.
* How can organizations of various kinds help older adults develop new roles and cope with role losses, and why is it important?
* Describe four different social (role) theories of aging and their applicability to real life situations (use a real life situation from your experience with older adults).
* What do you see as possible and desirable expanding roles for older adults in the coming decades?
* Becoming older invariably means becoming more dependent. What are some of the different dependency issues that accompany old age, and how can “structured” dependency be negative?
* In the past, nursing homes were operated by governmental units and charitable organizations, but a shift has occurred towards nursing home care becoming a for-profit industry. Discuss the positives and negatives of this change.

Relationships, knowledge of discipline, methodologies (upper-level):

* Explain the poverty found among older minorities and women in our society.
* How are economic differences among older people likely to affect the services they receive and activities they attend?
* Discuss gender and ethnic differences observed among the elderly in religious activities, and what may account for these differences.
* Discuss some of the positive aspects of planned retirement communities.
* “Migration patterns” of retirees can be said to be developmental. What is meant by this?
* Most reviews of relevant literature reveal that there is no relation between age and work performance. How do we explain the persistent stereotype of the older worker as less “valuable”?

**Illness, Chronic Disease and Disability in Old Age**

(includes common health problems in old age – both physical and mental, family care, institutional care.)
Facts, definitions, concepts (lower-level):

* Describe some of the most prevalent health or medical conditions for older adults today.
* What are some of the main health conditions that compromise cognitive functioning in old age.
* Describe the usefulness of ADL and IADL measures in efforts to help older adults preserve their independent living arrangement.
* What are some behavioral risk factors that accompany an increased chance of developing heart disease?
* The course of Alzheimer’s Disease is a progression of stages. Explain what this statement implies.
* What does the term pseudodementia mean? Discuss the various implications and uses of the term for individuals and families.

Relationships, knowledge of discipline, methodologies (upper-level):

* What are the important components of daily behavior that should be included in the program of activities for older adults in a day care center to promote mental abilities and functions?
* Discuss why it is problematic to determine the relationship between age and mental illness?
* What does the phrase “social construction of dementia” mean, and what are the implied consequences?
* A primary caregiver for a demented adult faces many challenges. What are they, and how can the family (or larger community) help carry the “burden of caring for a demented person.”

**Successful and Productive Aging**

(includes prevention, personal control, exercise, coping styles.)
Facts, definitions, concepts (lower-level):

* Why is exercise important as prevention against physical and mental decline among elderly people?
* Why is it not feasible to take primary prevention as it has been understood in younger populations and transfer the precepts to old age? What factors complicate the definition of prevention for older adults?
* What are the main issues centering on prevention (preventative goals) for older adults?
* A sense of personal control in older people seems to lower risk of physical impairment as well as lower sense of despair when faced with loss of autonomy. How can a sense of personal control best be maintained in old age?

Relationships, knowledge of discipline, methodologies (upper-level):

* The view of elders as having strength and resources is essential to the notion of successful and productive aging. Explain.
* What are the preventative goals we should strive for as we consider successful and productive aging?
* How can we cultivate and communicate strategies for effective prevention programs?
* Discuss age-related differences in coping styles and how these differences affect “successful aging.”
* It is said that as people get older the suppressed part of their personalities start to “emerge.” How might this relate to “successful aging” and should we expect gender differences in the regard?

**Families, Intergenerational and Interdependent Relationships**

(includes changing concepts of the aging family, demographic trends and adult children, grandparenting, friends, alternative family forms.)
Facts, definitions, concepts (lower-level):

* How do ethnic groups differ in the marital/family/caregiving roles?
* Give general examples of intergenerational exchange.
* Describe at least two community programs that give support to socially isolated older adults.
* What are some of the social, psychological and economic barriers to late-life marriages and re-marriages?
* Discuss the importance of friendship in late life.
* Describe some common social beliefs about sexuality and aging, and how have those beliefs affected sexual expression among older adults?
* What are some of the psychological and social effects of widowhood?

Relationships, knowledge of discipline, methodologies (upper-level):

* Discuss how you would assist an elderly person who is estranged from his/her adult children.
* Discuss the decision-making process of institutionalization when a family decides to place an older adult in a nursing home.
* How do ethnic groups of grandparents differ in the way the “play the role of grandparents?”
* What are some of the characteristics of “social integration of widows” in the U.S. today and how does it differ from many other cultural norms for widowhood?

**Social Programs**

(includes SS, OAA, ADEA)
Facts, definitions, concepts (lower-level):

* What are the main problems today for the Social Security Act of 1935?
* What was the purpose of the passage of the Older Americans Act of 1965, and what has become of the OAA?
* How does the term “productive aging” today benefit from programs such as Social Security?
* What is the role of Medicaid in serving older people?

Relationships, knowledge of discipline, methodologies (upper-level):

* What do you think about the statement: “successful aging is the absence of service receipt, ADL dependencies or cognitive impairment.”
* Discuss the importance of the ADEA (Age Discrimination in Employment Act) to the meaning of the term “productive aging.”
* What is the role of continuing care retirement communities in the shift from “normal to successful” aging?

**Careers, Economic Status and Retirement**

(includes gender, race and income, workforce and the older person, the older worker and retirement)
Facts, definitions, concepts (lower-level):

* Describe how the experience of retirement differs by gender and ethnicity in our society.

Relationships, knowledge of discipline, methodologies (upper-level):

* Discuss why average retirement ages are misleading proxies for cessation of employment.
* The prediction of rising retirement age stems from what some say are very complex “future” determinants for retirement decisions. Discuss some of these “future” determinants facing people approaching retirement.
* What are some of the major arguments against mandatory retirement?
* There is an ongoing debate about whether retirement in late life is beneficial or harmful. Discuss.
* There are increasing concerns about the cost of entitlements of older adults, lack of funding for those programs in the near future, and who bears the cost of the possible differential. Discuss.
* How will work patterns of older adults change in the future, and why? What are the implications of this for society?

**Politics, Policies and the Future**

(includes political activity)
Facts, definitions, concepts (lower-level):

* Describe patterns of political interests and activity among older adults in the U.S. today, including various groups, minorities, cohorts, gender, etc.
* When politicians (and others) use the phrase “generational equity” in their speeches, what are they referring to? Explain.

Relationships, knowledge of discipline, methodologies (upper-level):

* Older Americans have been accused of being an organized “monolithic bloc” of voters. What do you think about this statement?
* Describe how socioeconomic class may affect subgroups of older people’s political interests and political behavior, particularly in the face of budget deficits. (Use specific examples such as the 1988 Medicare Catastrophic Coverage Act).