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Growing Older in the U. S.

Douglas C. Kimmel

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There are many differences between the US and Korea, but there are also many similarities. One similarities is that both countries have a rapidly increasing proportion of older people in

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the population. In this lecture I will describe three aspects of growing older in the US that differ from Korea : retirement, living arrangements, and mental health services.

I . Retirement from Work

In 1985, the US Congress enacted a law to eliminate mandatory retirement in almost all occupation; one exception is airline pilot where age 60 remains the age when a pilot must retire and assume other duties or stop working. Thus , most workers in the US today choose the age at which they will retire, unless poor health forces them to retire, or their job is eliminated (for example, if the company close its office). therefore, during a period of economic recession, or if the company must reduce its work force, an incentive may be given to workers to retire, such as a bonus of cash or stock in the company, or other retirement benefits at an earlier age than is customary. Because laws also exist to prevent discrimination by sex, these same policies apply to both men and women in the US.

Almost all workers in the US are eligible to receive benefits from a US government program called Social Security when they reach age 62 if they are not working. Thus, the most frequent age for retirement is at age 62; but some workers continue working longer. After age 70, one can receive full Social Security payment in addition to one's salary. These benefits are paid monthly regardless of one's spouse. Some

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retired workers also receive a private pension from their employer. Other benefits (such as reduced fares on public transportation) are also available to persons over age 65.

A major difference between the US and many other countries is that one does not receive national health insurance until age 65 in the US. The program is called Medicare and it covers only a portion of the health expenses, so most people also have private insurance, sometimes provided by their employer. This private health insurance can be an important part of the retirement benefits paid by the employer.

The psychological benefits of this retirement policy is that each older person can plan their own pattern of retirement, based on their individual situation. For example, a married couple can decide to retire at the same time; or one might continue working for many years. Also, in the US, we have many opportunities for volunteer work, and some people provide several hours of service each week or month. We do not have many part-time jobs for older people, but one may see older people working in Mac Donald's and other similar jobs part time. For some, it is helpful to earn money; for others, it is social stimulation they seek.

The psychological concern about retirement in the US is the need to provide counseling about the advantages and disadvantages retiring presents and to aid in adequate planning and preparation. One of the important themes of such planning is to learn how to use leisure, how to prevent health problems, and the importance of friendship, exercise, and good nutrition for psychological and physical well-being. In the US we attempt to

prevent as many of the negative aspects of aging as possible, and to help people age successfully. Another important aspect of pre-retirement planning is one's living arrangement.

II. Living Arrangements of Older Persons in the US

Many older people in the US live with their spouse in their own home. They maintain close contact with their children and grandchildren, but usually they do not want to live with them. Each generation enjoys being independent and values their privacy. One adult child (usually a daughter) live nearby and can visit by driving 20-30 minutes. Other children visit when they can, but keep in touch by telephone and mail. The older couple or individual may also visit the children's home for a few days, but rarely stays for an extended time. The extent of contact, and the ways it is arranged, differ by ethnic group : usually Italian and Jewish families have much more extensive visitation and emotional closeness than Northern European or English families in the US. In case of need or emergency, the family is the primary source of help for older people, however. The family may also provide care for older persons who are not one's parents, such as one's mother's sister; or even to a neighbor who has become "like family" by being closely involved with the family for many years. Thus, even older people who have no children may be taken care of by their family in this way.

After retirement, some older people change their life-style

or their place of residence. For example, in the US, the family home may be too large or too much work to care for, so they move into a smaller apartment, or into a retirement community. Such communities are popular in warm climates and provide a comfortable environment, with many activities and services available, but with little concern about maintenance of the building or outside space. Since many retirees are in good health and are relatively young (between 60 and 75), these communities can provide a pleasant life-style. Older retirees, or those in poor health, may choose a "life-care community" that provides nursing care in one's own apartment if needed, and even nursing home care, without leaving the community.

Most older people live in their own home or apartment and, if they need health care, it is given to them there. Usually the caregiver is the spouse. In some cases, another family member is responsible for the care and may provide it directly, or may arrange for professional services in the community to be provided in the person's home. In some cases, this care involves a home-health aide who visits several times during the week to help with shopping, bathing, and housekeeping. A nurse may visit every week. Even physical therapy, doctor's visits, and 24-hour nursing care can be provided in the home. Some organizations can help to arrange such services in a distant city so that the family member who is responsible for the care does not need to be physically present. Of course, family visits can be important, but even the health care workers can do much to prevent loneliness and also provide care.

In the US, as in Korea, the care of older people is usually provided by women—typically the wife (since husbands are more likely to become sick and to die earlier than wives) or the daughter. Unlike many Asian countries, it is the daughter (not the son's wife) who provides care to her mother. Rarely does the daughter quit her work to provide such care, but usually she arranges to hire someone else to provide the direct care. Today women and men in the US are urging companies to provide day care for young children, and also some services for older parents who are cared for by the worker. Likewise, the companies are being urged to give workers leave when they have to care for an aged parent. Such programs are not widespread, however, they are becoming very important.

Of course, some older persons cannot live on their own in their home. If there is no spouse to care for them, they may be able to live with an adult child or other relative. This is often not a practical solution, however, since often the relative is working. Usually the family tries to arrange for care in the parent's home, but if that is not possible, then the family may turn to a nursing home.

In the US, only 5% of people over age 65 live in a nursing home; but the proportion becomes larger for older age groups: by age 85, one in 5 is living in a nursing home. In many cases, the older person has no family members who can care for them; sometimes they had no child, or they have outlived all of their children (an 85 year old could easily outlive her one child, for example). Thus, again we see that the smaller number of children and the growing number of older people

places a burden on the community to provide care for aged persons.

Many of the people in nursing homes are there because they have developed the devastating disease known as *Alzheimer's Disease*. We used to think that people became senile if they lived to old age. Now we know that healthy old do not show the cognitive symptoms of dementia : short-term memory loss, impairment of abstract thinking or personality change that interferes with social activities, work, or relationship with others. These changes may be caused by Alzheimer's disease; but they can also be caused by *delirium*, or by *reversible dementia*, which often can be treated. One important cause of many of the symptoms of dementia is actually *depression*. Thus, it is very important to make a careful differential diagnosis of any symptoms of mental deterioration in older persons, since some of these can be treated by antidepressant medication and psychotherapy, and others can be reversed by improved nutrition, recovery from stress, or by treating imbalances in the body's metabolism or other diseases.

There are many psychological issues involved in the living and care giving arrangements for older people. Individual choice, independence, and balancing the desires of oneself, one's spouse, and one's children is often very complex. The picture becomes even more complex when there are health problems to face. The marital relationship is likely to be strained, relations with one's child may become problematic, and the stress of changes in living arrangement can lead to psychological issues.

Therefore, in some cases, mental health services are beneficial. We turn to this topic in the next section of this lecture.

III. Mental Health Services for Older persons

Three types of mental health services are especially important for older persons in the US. First is assistance with the kind of problems a person on any age might seek help for, such as marital conflict, adjustment to a major change in one's life, or a personality problem that has been brought to a crisis because of some life circumstance. A frequent cause of referral to my practice of psychology has been symptoms of major depression, often brought to the attention of a physician who felt the individual could benefit from psychotherapy.

A second type of mental health service has been help with the special problems that arise from becoming older. These might include widowhood, concern about failing health, or family relationships that have become strained by the growing physical or mental dependence of the older person. It is rare for an older person to be concerned about death itself, but often there are some concerns about the meaning of one's life and wanting to finish unresolved mental health concerns from the past.

The third type of mental service involves diagnosis and recommendations for the care of a disabled older person. Often the cause of the disability is some form of dementia, but as noted earlier, it may also be a form of dementia that can be

reversed with proper treatment. A frequent referral to my psychology practice has been cases where legal decisions must be made about one's ability to care for one's own affairs. It may involve financial matters, or health matters. It may involve one's ability to live alone and to not harm oneself or be a danger to others because of one's failing memory or mental powers. The issue may also involve the person's ability to drive an automobile, since most older depend on their to visit others, to shop for food, and to get to the doctor (especially in rural areas where I had my practice). So losing one's driver's license is a very severe loss indeed.

A related mental health service may be provided to the individual and also to the family. Sometimes they seek the help of a psychologist to learn how best to care for the older person, or to cope with their sense of grief and guilt when they have no feasible alternative except to admit the person to a nursing home. Of course, entry into a nursing home does not mean the family stops caring; but it can often cause the family to feel they have failed to take care of their parent as well as the parent took care of them when they were children.

IV. Conclusion

As in the United States, the growth of the older population is a major aspect of the future in Korea. Also, with smaller family size and more young people moving into the urban areas, aging will become more of a community issues in the

future. There are three important implications of this fact for students and psychologists in Korea.

First, it is likely that there will be a growing demand for workers in the service sector of the economy providing services to older persons in their homes and in other setting. This increase in service jobs may be relevant to college student who are concerned about future job prospects. Universities may also want to consider this field in their program development.

Second, the study of psychology and especially the study of life-span developmental psychology and gerontology will be important preparation for future leaders in this emerging area of providing care and services for the growing older population.

Third, in a rapidly changing world, there is a possibility that old people and their knowledge may be thought to be less important than the information young people possess. While this change can bring a devaluation in the social value of older people, the improved living conditions for all people are likely to enhance the quality of life for older people as well. Thus, while rapid change in society can reduce the social importance of older people, it may be offset by improved living conditions. Our task is to find ways to value the wisdom and oral history older people have so that they may remain valued even as society changes and the computerized information of young people seems to replace the experience of aging.