Losing Personhood as we Age: The “Problem” with Elder Care in America

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The increase in average life expectancy is seen as one of the greatest achievements of the 20th century. With increased longevity, comes an increased elder population. Sharon Kaufman reiterates a commonly found statistic in the literature on this topic; “...in 2010, 13 percent of the population was over sixty-five and about 2 percent over eighty-five. According to projections for 2050, those percentages will increase to 20.2 and 4.3 respectively.” Although medical literature praises advancement in medicine and increased life expectancy, it describes elders and the increase of the elderly population as being “problematic”. A simple Google search reveals titles such as, “The 2030 Problem”, “Top 5 problems of Baby Boomers”, and “The Age-Old Old Age Problem”. What exactly are the “problems” writers are referring to? Following the trend of praising increased life expectancy, isn’t is a mark of medical achievement that there are more elderly people?

The “problems” focus on the economic and social stressors that a large elderly population has on our existing medical, social and cultural infrastructure. Health minded researchers and writers call the ageing of the population a “problem” because in order to physically take care of the increasing number of the elderly, many infrastructural changes will have to take place. We will need to create better payment and insurance systems for long-term care, keep elders healthy and thriving, change societies organization of community services, and recognize, address and change cultural views on aging.

To discuss this topic, I have written a reflective essay in which I discuss how the literature presents elder “problems” and reflect on my own experience acknowledging these problems as a research assistant at Baystate Medical Center, and as a facilitator of a Memories Café at the South Hadley Council on Aging. I discuss elder economic “aging shocks” that encompass uncovered costs of prescription drugs, the costs of medical care that are not paid by Medicare or private insurance and the uncovered cost of long-term care. I also describe social and personal “aging shocks”, that can result in phenomenon’s such as experiencing social death before biological death and the loss of one's personhood. I argue that to address the more tangible infrastructural “problems” of the increase in the elderly population, we must first address the cultural stigma about ageing, and the “problem” of being old.

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