CHAPTER 1

# Health Psychology and Aging

## *An Introduction*

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The past century has witnessed a dramatic increase in both life expectancy and the number of older adults. This demographic trend will be greatly accelerated in the next 10 years, as the first wave of baby boomers reaches retirement age. This trend is seen even more strongly among the oldest-old. For example, the 85+ population increased by 38% in the 1990s, from 3.1 million in 1990 to 4.2 million in 2000 (Hetzel & Smith, 2001). This number is expected to *quadruple* in the first half of this century, nearing a projected 18.9 million by the year 2050 (Hobbs & Damon, 1996). This "graying of America" is by no means unique to America—or even to the developed world. According to the World Health Organization, the number of older adults will increase dramatically in the next 20–40 years—nearly doubling in the developed world, but quadrupling in the developing world (Kalache, 2001). This demographic transition has immense implications for both the economy and the social structure, as governments, businesses, and individuals try to determine how best to pay for health care and pension costs.

With aging of the population has come a dramatic shift in causes of death, from acute illnesses at the beginning of the 20th century to chronic illnesses at the end of it. Indeed, most of the illnesses in later life are chronic rather than acute and reflect cumulative lifestyle choices such as smoking, drinking, being sedentary, and overeating. These diseases, such as hypertension, diabetes, and cancer, often require long treatment regimens and major changes in health behaviors. Both the psychosocial etiology of disease and

treatment compliance are the province of health psychology. However, many health psychologists do not have sufficient background in issues of aging, and age is often treated as a covariate rather than a *Ding an Sich*. Although gerontologists do study issues that are specific to aging, their ways of conceptualizing and assessing health outcomes are often less sophisticated than those used in behavioral medicine and health psychology. Thus, communication across the two disciplines is critical, and a major purpose of the book is to foster this interdisciplinary communication.

The specific focus of this book is on aging and vulnerability to *psychosocial* risk factors. It has long been known that older adults are more likely than younger adults to be affected by *physical* risk factors. For example, in times of major population upheavals such as wars or famines, both infants and aged adults are most likely to die. Furthermore, older people are particularly vulnerable to factors such as heat stress, as witnessed by the death of several hundred older adults during a heat wave in Chicago a few years ago or the more recent, tragic events with Hurricane Katrina.

However, it is unclear whether older adults are more or less vulnerable to *psychosocial risk factors,* with some arguing that elders are more vulnerable and others that they are less (for reviews, see Aldwin & Gilmer, 2004; Kaplan, Haan, & Wallace, 1999). In a book edited by Manuck, Jennings, Rabin, and Baum (2000), three chapters demonstrated this complexity. The first argued that older people are more vulnerable to psychosocial effects, especially vis-à-vis immune functioning (Solomon & Benton, 2000). The second showed that psychosocial factors had *weaker* effects in late life due to survivor effects (Williams, 2000). That is, people who are biologically vulnerable to particular types of risk factors are more likely to die in midlife; thus, the people surviving to late life may be less affected by psychosocial risk factors. For example, hostility, a risk factor for heart disease in midlife, may be associated with greater longevity in late life. The third chapter examined cardiovascular risk factors and cognitive functioning, and found no age-related differences in vulnerability (Elias, Elias, D'Agostino, & Wolf, 2000). In this otherwise excellent book, there was little attempt to integrate across the chapters and important issues were left unresolved.

We organized a conference on Health Psychology and Aging as part of the University of California Series on Health Psychology. Generous funding was provided for this conference by the Retirement Research Foundation, Divisions 20 and 38 of the American Psychological Association, and the College of Agriculture and Environmental Sciences at the University of California, Davis. The purpose of this conference was to examine the interface between health psychology and aging, with a specific focus on age differences in vulnerability to risk factors, although other aspects of aging and health psychology were also addressed. In particular, we were interested in

understanding and promoting successful aging on the biological, psychological, and social levels.

This book grew out of this conference. Although many of the presenters have provided chapters, not all did, and, with encouragement from Jim Nageotte at The Guilford Press, we sought to expand the scope of this book. Thus, we asked a number of individuals to contribute chapters to increase comprehensiveness, so this could truly be a handbook.

This handbook is divided into four sections. The first serves as a general introduction to theory and method in the fields of health psychology and adult development and aging. Golub and Langer (Chapter 2) make a cogent argument that the assumptions of our theories of adult development and aging have practical implications for the well-being of older adults. By focusing so much on loss and its management, and neglecting the positive changes that occur in later life, we promote ageist stereotypes not only among providers but also among older adults themselves, resulting in self-handicapping. From a health psychology perspective, Berg, Smith, Henry, and Pearce (Chapter 3) seek to create a developmental framework for understanding risk and resilience by examining the interplay between physical health, cognitive, and social function.

The section next turns to methods. Young and Vitaliano (Chapter 4) review methods in health psychology, focusing on the assessment of physiological indicators of dysregulation in the neuroendocrine, cardiovascular, and immune systems, and how they mediate between psychosocial factors and disease outcomes. They extend this to examine these function systems in primary and secondary aging, using illustrations from the caregiving literature. In contrast, Spiro (Chapter 5) outlines the importance of taking a lifespan developmental approach to health, and reviews the different statistical analyses at the heart of lifespan developmental methods.

The second section reviews basic issues in psychoneuroimmunology. Gruenewald and Kemeny (Chapter 6) provide a very thorough description of how aging affects the immune system, as well as a comprehensive overview of the ways in which behavioral, social, and psychological factors can affect this functioning. Like many of the other chapters in this book, they also point out the many gaps in our knowledge of the intersection between aging, psychosocial processes, and immune functioning. Epel, Burke, and Wolkowitz (Chapter 7) address aging and neuroendocrinology. By delineating an innovative model that examines aging as a process involving the development of catabolic–anabolic imbalances, they sought to show how psychosocial factors affect the rate of development of these imbalances. Finally, cardiovascular disease remains the leading cause of death in America. Although the last three decades have seen a great deal of research demonstrating the importance of psychosocial factors in the development and course of this disease, Cooper, Katzel, and Waldstein (Chapter 8) identify cardiovascular reactivity as a linchpin linking psychosocial factors and the

development of disease. Whereas some preliminary work on changes in cardiovascular reactivity with age exists, Cooper et al. point out the need for longitudinal studies to examine the interplay between psychosocial factors, cardiovascular reactivity, and the development of cardiovascular disease across the lifespan.

The third section addresses psychosocial vulnerability and protective factors. Friedman and Martin (Chapter 9) review the extensive literature on how personality affects health in later life, focusing on conscientiousness as a key construct. A sense of control has long held center stage in health psychology as a key construct, and Skaff (Chapter 10) provides a highly interesting lifespan development perspective that shows how both the sociocultural and development contexts influence control beliefs and thus health in later life.

Aldwin, Yancura, and Boeninger (Chapter 11) examine coping strategies as the process through which older adults can maintain both emotional and physical regulation in later life. Fortinsky, Tennen, Frank, and Affleck (Chapter 12) examine disease processes from the perspective of the caregiver, and the psychological, social, and health consequences of caregiving. Given the somewhat contradictory literature, they argue that contextual variables, including gender and the caregivers' own health moderate the effect of caregiving or health outcomes. They also review coping and benefit finding in the context of caregiving, ending with a discussion of intervention programs to protect the health of the caregivers.

Davis, Zautra, Johnson, Murray, and Okvat (Chapter 13) address the issue of individual differences in the aging process, and how some individuals are able to maintain a positive aging process in the face of increasing disabilities and loss. They argue that the propensity of older adults to focus on positive emotions is a way of sustaining health in later life. Rook, Mavandadi, Sorkin, and Zettel (Chapter 14) review not only the benefits of social support and health in the context of disability but also the importance of negative social interactions. They also discuss some quite interesting ways of optimizing social support to help maintain health in later life.

Yee and Chiriboga (Chapter 15) identify and define key constructs in race, ethnicity, and culture, and explain why they are important in understanding health disparities in aging. They also examine the role that gender plays in these disparities, centering the issue around differences in power relationships, social status, and social identity. Park (Chapter 16) reminds us that religiousness and spirituality can have both positive and negative effects in later life for a variety of health and well-being outcomes. Specifically, she examines whether religiousness and spirituality become more important in later life, and identifies a number of theoretical and empirical gaps that future research needs to address.

The fourth section specifically addresses clinical and health care issues. Leventhal, Forster, and Leventhal (Chapter 17) address self-regulation in

the context of illess. They present a highly complex model showing the interplay between symptoms, heuristics used to interpret symptoms, illness representations, coping strategies, emotional reactions, and symptom monitoring processes. Thus, illness in late life is firmly embedded in a complex socioemotional context, the understanding of which is crucial in adequate treatment planning and adherence regiments. Qualls and Benight begin their chapter (Chapter 18) on clinical geropsychology and health psychology with an overview of interventions in medical settings for common diseases in late life. They discuss the impact of changes in recent Medicare legislation, as well as the importance of engaging the family in various aspects of health care. A truism in health psychology and geriatrics is that early diagnosis and prevention should play a critical role in the prevention of illness and promotion of longevity in late life. Kaplan (Chapter 19) presents some rather disturbing data that challenge this widespread assumption. He raises serious ethical and financial implications of changing thresholds of diagnosis, resulting in the "medicalization" of not only late life but also midlife. He presents data showing that early interventions may reduce disease-specific mortality rates but have little effect on all-cause mortality. Thus, he urges greater caution in considering aggressive interventions in late life.

We end with a final chapter integrating the different points of view expressed in this book. As we shall see, nearly all of the authors point to the lack of studies specifically examining aging issues within the context of health psychology. Thus, the final chapter provides a blueprint for future research, highlighting the gaps in our knowledge and helping to set the research agenda for the next few years.

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