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The Value of Later Life: Deconstructing the Idea of Aging As Decline

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Honors Paper

Macalester College

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Author: Andrew Judd

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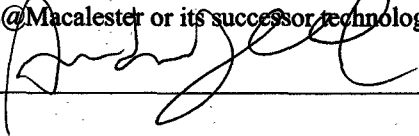**Author's Name: (Last name, first name)** _Judd, Andrew_

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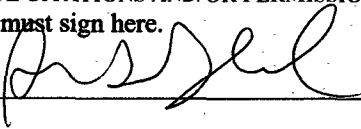
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The Value of Later Life: Deconstructing the Idea of Aging as Decline

Andrew Judd

Macalester College

This project is dedicated to my

Grandma Lizzy and Grandpa Freem

Abstract

This paper is an analysis of aging within a broader social context. The traditional deficit-oriented perspective on aging provides an incomplete and often damaging theoretical framework. Pervasive stereotypes about psychological decline in later life may also be self-perpetuating. Focusing on deficits also does not take into account the importance of subjective well-being and qualitative shifts in world perspective that often accompany the later years. An increased interest in the strengths of older adults will help to counteract ageism and enables older adults to live meaningful and valued lives. Applications for the breaking of stereotype cycles and promotion of generative behavior across the life course are discussed.

Prologue

Gerontology is not a field that usually compels young individuals, especially young men like myself. However, I believe that the impact of older adults on young people around them is often underreported. To me, my grandparents are a constant source of inspiration. They make me feel that it is always possible to try new things and follow my instincts. They give me hope that life can and *should* be worth living regardless of how old you are.

When my grandmother was 58, she retired from her job as a high school librarian and decided to buy a piece of property on a tiny island off the coast of British Columbia, called Hornby Island. Today, she continues to live in the house that she built partly out of driftwood from a nearby beach over 30 years ago. I see my grandmother's house as a magical, secluded place. In order to visit her, my parents, brother and I would drive 12 hours, including catching three separate ocean ferries. My grandmother has built strong friendships with the other residents of the island. As I walk with her through the island co-op, I feel like I am in the presence of royalty; everyone seems to know and love her. Living on a quiet island also provides time for solitude and reflection. The island itself becomes a source of comfort and rejuvenation. Despite the fact that my grandma is hunched over with back pain and arthritis, she heats her house with a wood burning stove. Her neighbors bring in the wood and she loads it on her walker and stokes the fire. My grandmother has also connected to the wildlife around her. In my time at Hornby, I have seen her befriend stray cats, ravens, crows, otters, deer, and even the occasional bald eagle. I asked her once, "Does it ever get tiring

to look out at the same ocean scene every day?" She smiled, "Of course not. It is different every day."

My grandfather is a retired orthopedic surgeon. In 2006, he was diagnosed with congestive heart failure. Instead of falling into a state of despair, my grandfather decided to nourish a lifelong interest in painting. He had done some drawing and wood carving as a child and even had the opportunity to do medical illustrations during his career. Later life provided my grandfather the perfect opportunity for creative expression. He took art classes and invited friends and family to come paint with him in his house. He transformed the second story of his house into an art studio. When it became impossible to climb the stairs, be installed a robotic chair that he could ride up to his painting space. As an artist, I am motivated to witness my grandfather's commitment to painting. And he will tell you that he has never been more productive than he is now.

Great things can happen when we are older. For my grandmother, Hornby Island has become a central part of her identity. For my grandfather, painting is something that brings him great joy and brings value to his life. And yet, joys exist even in the face of physical and mental deficits. It is easy to focus on the problems of aging, whether you are a care provider, a family member, or an aging individual. The truth is that we can acknowledge and react to loss, even as we highlight and appreciate the beauty of later life.

What impresses me most about my grandparents is their ability to continue to live full and meaningful lives late into older adulthood. My grandparents have been privileged to lead lives without the serious illness, social exclusion, and poverty that many older adults must face on a daily basis. Yet, their abilities are

not unique. Even in the face of various kinds of adversity, somehow a great number of older adults manage to live important lives for themselves and for others.

The Value of Later Life:

An Introduction

There is no question that the US population is becoming older. The median age has increased from 22.9 in 1990 to 35.3 in 2000 and continues to rise significantly (He, Sengupta, Velkoff, & DeBarros, 2005). Indeed the largest growth in older adults is still looming on the horizon. As the Baby Boomers start to reach age 65 in the next few years, there will be a dramatic spike in the older population. US Census Bureau data predict that there will be twice as many older adults in 2030 as there were in 2000. This means that the older population will likely grow from 35 million to 72 million, becoming almost 20 percent of the total US population (He et al., 2005). As psychologists, how do we understand and prepare for this phenomenon?

Traditionally, the primary role of psychology has been to identify and treat growing mental health needs of the aging population (e.g. Gfroerer, Penne, Pemberton, & Folsom, 2003; Greenleigh, 1952; Maples & Abney, 2006). However, framing the debate around *needs* alone provides an incomplete picture. To understand an aging culture, we must also investigate the positive potential of older adulthood for the family, community, and the nation as a whole. Identifying the strengths of older individuals will help psychology to maximize the well-being of older adults and deconstruct ageist attitudes. Older populations add to a culture through innovation, leadership, the sharing of stories, helping to raise grandchildren, and providing many other services that often go undocumented. Older adults have been a charitable segment of the population, providing high

levels of care for family members and community organizations. Psychological domains such as wisdom, intergenerational kinship, life-course creativity, and historical narrative have been overshadowed by research on deficit and loss. Acknowledging these positive aspects of the aging process will both strengthen the theoretical framework of aging studies and raise new research questions. Furthermore, it will allow clinicians and social workers to fully engage the abilities of older adults through interventions. Equally important is the impact that such a reformation will have on the deconstruction of ageist stereotypes and discrimination.

Humanistic approaches to psychology have received significant attention, particularly with the rise in positive psychology (Seligman & Csikszentmihalyi, 2000). Although psychology has taken significant steps towards a more diverse and multi-dimensional understanding of the aging process, literature review and simple observation makes it clear that the deficit-oriented perspective continues to be a driving force in aging research and clinical care (see Zack, Blanchard-Fields, & Haley, 2006 for a review of the Journal *Psychology and Aging*). An expectation of psychological decline has commonly guided research questions, methodologies, and discussion. In this paper we will sometimes refer to this perspective as the *deficit model* of aging. In such a model, growing into later life is primarily signified by a decline in general psychological abilities. There is significant research to support cognitive decline in memory (e.g. Hoyer & Verhaeghen, 2006; Salthouse, 1994b), cognitive speed (e.g. Salthouse, 1994a), intelligence (e.g. Horn, 1968), sensory deficits, (Salthouse, Hancock, Meinz, & Hambrick, 1996), and general psychological functioning (e.g. Smith & Baltes,

1997; Singer, Verhaeghen, Ghisletta, Lindenberger, & Baltes, 2003). However, such a model is a simplification of the available research. In fact, there is strong theoretical and empirical support that losses in the aged may be exaggerated and some older adults may actually experience psychological gains (Baltes, Reese, & Lipsitt, 1980; Carstensen & Charles, 1998, Hillman, 2000).

Although this paper focuses on the positive aspects of aging, it is not a guide to aging optimally. It is true that certain lifestyle choices or personality traits have been associated with longevity and well-being (e.g. Danner, Snowdon, & Friesen, 2001; Small, Hertzog, Hultsch & Dixon, 2003). On the other hand, people engage their aging process in unique ways (Luszcz, 2004). It is sometimes in the best interest of psychology to recognize and understand these individual experiences and stories. This paper makes no effort to be the definitive summation of the many different activities and social contexts that bring value to individuals in their later years.

At this point in the study of aging listening may prove to be the best tool for understanding. When facing the loss of physical capabilities, mental abilities, and material goods, some older adults may feel most strongly about things that identify them as individuals. Understanding individual voices will also help to incorporate changing perspectives on work, relationships, and physical health that often accompany aging. Empirical research has supported and encouraged the incorporation of subjective perspective into the psychological dialogue (e.g. Strawbridge, Wallhagen, & Cohen, 2002). In this paper, critique and suggestion are directed towards the social context and discourse surrounding aging individuals, not older individuals themselves. Ultimately, this dialogue should

serve as a resource for a continued effort to conduct a series of interviews with older adults themselves to understand the issues that are most important to them.

Studying the experience of aging is particularly difficult in a country with as much heterogeneity as the United States. Within the older population, there are significant economic (Holden & Hatcher, 2006), cultural (Angel & Angel, 2006), and gender (Sinnott & Shifren, 2001) differences. Even when limiting a discussion to a "western" perspective, diversity within "western" countries should not be overlooked. Unfortunately, what little research does exist on the topics covered in this paper has primarily used middle-upper class, predominantly white, samples. This should undoubtedly be seen as a limitation of the current gerontological literature, and a weakness of this paper. Although a careful and directed study of diversity and aging is unfortunately beyond the scope of this paper, the arguments in the paper may have meaning for a diverse range of populations and individuals.

The goal of this paper is to provide a better understanding of aging individuals and the social context that shapes the aging process. I argue that the deficit model of aging provides an incomplete and perhaps even damaging theoretical framework for understanding older adulthood. In doing this, I will draw on a diverse range of psychological literature to present a multi-dimensional and novel argument. Using this research, we can reconstruct our understanding by incorporating the positive elements of aging and the potential of older adults into the equation.

In Chapter 1, I discuss the social context of aging adults including the widespread youth bias and negative attitudes towards older adults, particularly

their cognitive abilities. I will also explain how discrimination against older adults has been reported in a variety of cultural contexts, including employment, healthcare, popular media and advertising. Finally, I will discuss how ageism may be deeply rooted in the field of psychology itself, and the implications that this finding has for the model of aging as decline.

In Chapter 2, I will discuss how cultural stereotypes and attitudes about older adults can have a significant effect on the ways older adults live their lives. These attitudes can affect the ways that older adults view themselves and the aging process. They can also affect the ways that others interact with older individuals. Interestingly, the effects of social context can actually lead to functional changes for the older individual. In other words, ageist cultural pressures can lead older adults to display the cultural stereotypes. Thus, the focus on developmental deficits may be self-fulfilling.

In Chapter 3, I will highlight the limitations of the deficit model by discussing adaptation in later life. How can we explain the high levels of satisfaction among so many older adults? I will also discuss the subjectivity of the aging experience. I will discuss how a subjective measure of quality of life is important given the changing perspectives of older adults. Finally, I will discuss the applicability of a disability paradox in later life.

In Chapter 4, I will engage some positive aspects of older age. The life-span perspective (Baltes, Reese, & Lipsitt, 1980) has suggested that people experience continual development regardless of age. This perspective also proposes that developmental losses are accompanied by gains. In this section I will review the literature on three positive domains associated with aging: wisdom,

intergenerational relationships, creativity, and narrative history. I will also discuss the current state of research on each of these topics and suggest future directions.

Chapter 5 will help to synthesize key concepts that may drive new interventions, care giving models, community and political interventions, and housing design. An orientation towards deconstructing stereotype cycles and encouraging individual generativity is promoted. This section will also include the important roles that the field of psychology can play in activating the potential of older adulthood. Finally, limitations and future directions of the current research are discussed.

To set the stage for this discussion, it may be most beneficial to address the cultural and environment factors that affect the lives of older adults. In the next section I will see how ageism is interwoven into the fabric of our culture. Special attention will be payed to how older adults are affected by this in a variety of meaningful and perhaps surprising ways.

Chapter 1:

Ageism and the Social Context of Aging

We do not age within a vacuum. Popular beliefs, interpersonal interactions, and social institutions all play an important role in the ways that older adulthood is seen within our culture. The external environment also changes the way that older individuals see their own aging process. In this section, I will investigate the psychological research on attitudes about aging and older people. I will also look at the sociocultural forces that affect our image of aging. The goal of this section is to illuminate the ageist context and hypothesize the cultural origins of the deficit-oriented perspective. I will finish the section by discussing the role of psychology within this context. Might the field of psychology itself be part of the problem? How can it be the solution?

The United States provides a complex backdrop for the aging process because of its diverse population. Aging is seen quite differently across cultural, economic, religious and geographical contexts (Angel and Angel, 2006; Ng, 2002). However, researchers have identified some trends in how older adults are seen and treated in the general population. In general, US culture seems to have a strong tendency to idealize youth and stigmatize later life. This bias may be firmly ingrained in the fabric of the American lifestyle for a variety of reasons (Butler 1969, Levy, 2003). The stigmatization of older adults has largely been studied as a western phenomenon (e.g. Braithwaite, Lynd-Stevenson, and Pigram, 1993; Levy and Langer, 1994; Palmore, 2004), however interesting research has shown that elements of youth bias may exist all over the world (Harwood et al., 1994).

The recognition of this age-based stigma has sparked interest in the psychosocial study of prejudice and discrimination against older adults. Robert Butler coined the term ageism in the late 1960s (Butler, 1969). With the growing understanding of race, sex, and class-based prejudice, Butler saw the need to add age-based prejudice as another form of "bigotry" (Butler, 1969). Since this seminal article, the subject of ageism has garnered significant theoretical and empirical momentum in the context of prejudice studies (see Nelson, 2005, for a broad literature review). Although the field of ageism still has not received the attention given to racism or sexism, it has benefited from this research, gaining insight from theoretical frameworks like ingroup/outgroup effects (Castelli, Zecchini, Deamicis, & Sherman, 2005) or stereotype threat (Rahhal, Hasher, & Colcombe, 2001). It should be noted that "ageism" can also refer to prejudice because of their *young* age (Hummert, 1990). Although, this paper will refer to ageism against older adults, in reality the process is not unidirectional.

Ageist prejudice and discrimination against older adults can be seen in many different contexts, including employment, healthcare, popular culture, and everyday language. However, before taking a social perspective, it is perhaps important to see how youth bias appears at an individual psychological level. Explicit and implicit attitudes about aging may lead to the development of ageist social institutions.

Negative Attitudes about Older Adults

The existence and pervasiveness of negative attitudes about older adults has been well documented. Since the late 1950s, researchers have been interested

in how younger adults evaluate older adults (Kite & Johnson, 1988; Nosek, Banaji, & Greenwald, 2002). In a meta-analysis of this research, Kite and Johnson (1988) reported that participants rated older adults more negatively than younger adults across 43 studies. The researchers noted that the lack of a commonly used experimental design or measurement tools made exact analysis difficult. Although not all of the studies that were analyzed reported this bias, the general trend toward youth bias was seen with a moderate effect size (d = .38). Low ratings of older adults were reported in this general analysis, as well as in specific studies of the workplace (Finkelstein, Burke, & Raju, 1995) and courtroom (Brimacombe, Quinton, Nance, & Garrioch, 1997; Kwong See, Hoffman, & Wood, 2001).

Individuals tend to attribute more negative traits to older adults than they do to younger adults (Hummert, 1990). Common negative traits associated with older adults include frailty, forgetfulness, loneliness, inflexibility, unproductiveness, and bitterness (e.g. Heckhausen, Dixon, and Baltes, 1989). There are certainly some positive traits that are associated with older adults (e.g. wisdom, experience, and warmth). However, Fiske, Cuddy, Glick, and Xu (2002) argue that even positive traits and stereotypes often have underlying negative connotations. For example, older adults may be seen as kindly and gentle, because they are seen as incapable and disconnected.

Other researchers attempted to elicit unconscious bias through priming methods (e.g. Hummert, Garstka, O'Brien, Greenwald, & Mellott, 2002; Nosek et al., 2002). Such research can help to counteract the fact that participants may strive to self-report socially or conditionally desired responses when reporting their biases (Marlow & Crowne, 1961). In their pioneering study, Perdue and

Gurtman (1990) used a priming methodology to test for ageist attitudes. The researchers primed the words "old" or "young" before trait descriptors. Participants were able to identify negative trait descriptors more quickly if the descriptor was primed with the word "old." Adversely, positive trait descriptors were more quickly identified when preceded by the word "young" (Perdue & Gurtman, 1990). Such research can serve as a warning that ageist bias may be involuntarily manifested in thoughts and actions (Levy, 2003).

Research has shown that these implicit attitudes may have a weak, or even reverse, relationship to explicit self-reporting (Karpinski & Hilton, 2001). For example, Nosek, Banaji, and Greenwald (2002) studied attitude differences about age preference as a function of the participant's own age. They observed that the preference for young versus old targets had a negative linear relationship to participant age when using explicit self-report methods. In other words, younger participants preferred younger targets. Explicitly, youth preference declined as age increased, but older adults implicitly continued to prefer youth for most of their adult lives. Comparing these explicit self-report findings and implicit measure of participant attitudes resulted in a strong change in pattern. These implicit scores showed that there was no significant decline in youth bias across the life span (Nosek et al., 2002). For a graph of these results see Figure 1. These studies highlight the value and complexity of measuring youth bias in individuals of all ages.
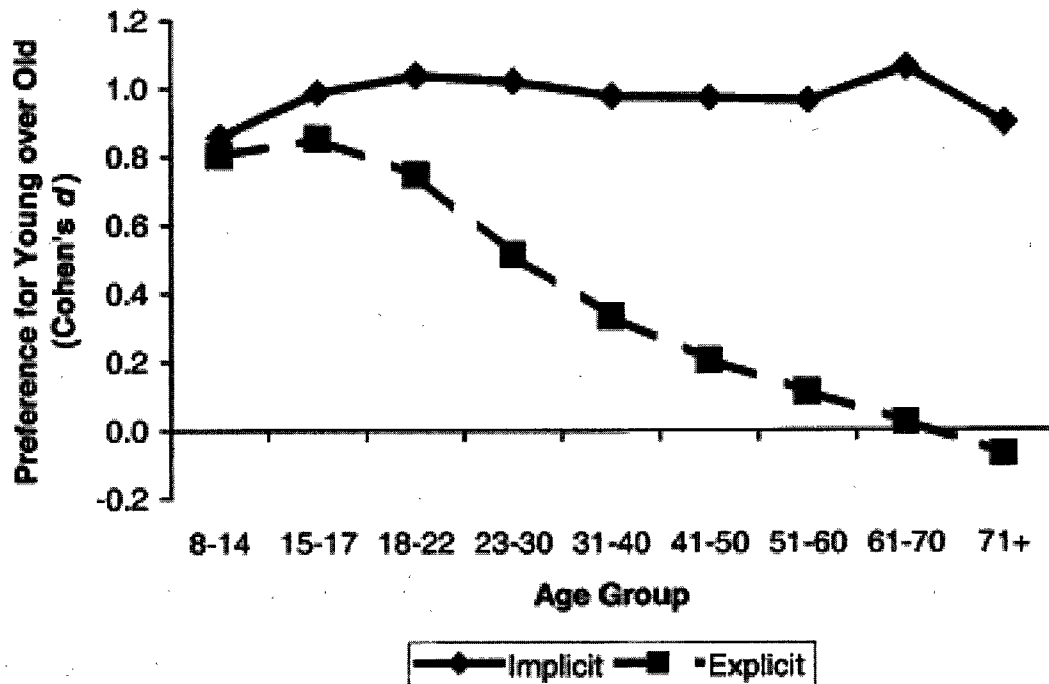
Figure 1. This figure is replicated from Nosek, Banaji, & Greenwald, 2002, p. 108. The figure represents respondents' implicit and explicit attitudes towards young versus old, reported as a function of participants age.

There are many widespread stereotypes about aging and psychological deficits. A preference for younger targets has been found when assessing language performance (Kwong See & Heller, 2004), competence, and mood (Heckhausen et al., 1989). Perhaps the most pervasive and certainly the most researched are negative attitudes about memory function in later life (e.g. Erber, 1989; Ryan, 1992). Ryan (1992) reported that the older a person was (from 25 to 85), the lower they were rated on expectation of memory performance. In other words, memory ability was seen to decline consistently across the adult lifespan, with a significantly steeper decline in late adulthood. These findings may not seem surprising. There are well documented declines in memory function in the

later years of the life course (e.g. Hoyer & Verhaeghen, 2006; Hultsch, Hertzog, Small, MacDonald-Miszczak, & Dixon, 1992; Salthouse, 1994b). Is this a generalization or a stereotype? Can it be both?

What complicates the discussion about memory and aging is the influence of biased expectations on memory evaluations. Erber, Szuchman, and Rothberg (1990) observed that the appraisal of memory failures differs across the lifespan. In their study, older targets were identified as having greater mental difficulty than younger targets, even when the memory failures were actually identical. In addition, memory failures by older adults were generally attributed to a lack of ability. Younger adult failures, in contrast, were explained by the target's lack of effort or external distractions (Erber et al., 1990; see also Parr & Siegert, 1993). Thus, there is a clear double standard for memory with respect to age. There has been evidence that this double standard exists in judging memory successes as well. In research by Bieman-Copland and Ryan (1998), memory successes were seen as less typical and less controllable with older targets, while memory failures were seen as more "worrisome." A similar double standard was also observed with language performance (Kwong See & Heller, 2004).

This research suggests that family members, colleagues, and care providers should be wary of their natural urge to diagnose causality and severity with mental lapses. However, in some cases it may be beneficial to be concerned about lapses. For example, investigating minor memory failures might help to catch larger problems as soon as possible, particularly with older adults who are vulnerable to Alzheimer's dementia. In all cases, thoughtful analysis of memory loss is most beneficial.

Institutional Ageism: Healthcare and Employment

The healthcare system has received some scrutiny in recent years for its discriminatory practices against older adults (Damiano, Momany, Willard, & Jorgerst, 1997; Nassbaum, Pitts, Huber Krieger, Ohs, 2005). For example, Damiano, Momany, Willard, and Jogerst (1997) report that 30 to 50 percent of doctors acknowledge limiting the number of elderly patients admitted to their practices. Although these decisions are surely mediated by many variables, there is speculation among some that a number of physicians prefer to focus on younger and healthier patients (Damiano et al. 1997). Studies have also shown that doctors provide older patients with less medical information and prescribe more medications when compared to younger adults with similar ailments (Adler, McGraw, & McKinlay, 1998; Grant, 1996). The implications for these findings have particular relevance due to the fact that many older adults view their healthcare provider as an important person in their lives.

Places of employment have also been scrutinized. Often older workers are labeled as too physically or mentally weak to be successful and productive employees. Older workers may also be seen as incapable of coping with a changing work environment and new job demands (McCann and Giles, 2002). However, there is strikingly little research to support these negative stereotypes. In the majority of studies, performance levels of younger and older adults were roughly comparable. Despite this, negative attitudes of younger workers towards older workers endure (Finkelstein, Burke, & Raju, 1995; Hardy, 2006).

Sometimes ageism can affect larger institutional policy decisions. For

example, age activists have argued that setting a mandatory retirement age is itself a form of age discrimination (Hardy, 2006). The adoption of anti-discrimination legislation (e.g. Age Discrimination and Employment Act, which banned mandatory retirement ages in most professions) has helped to counter institutional discrimination. However, thousands of civil complaints are filed each year claiming age-discrimination (Finkelstein, Burke, & Raju, 1995).

Ageism in Popular Culture

One forum where ageism is particularly visible is in mass media and advertising. Images of young men and women overwhelm our most popular television shows and magazines. Advertisements thrive on youth and sex appeal. Cuddy and Fiske (2002) report that only 1.5 percent of characters on television depict older adults. The absence of complex and central roles depicting older adults is not surprising given the marketing demographics that advertisers cater to. Yet, even when older adults do appear in the public eye, they almost always play minor parts or comic relief (Bishop and Krause, 1984, Harwood, 2000). Older characters often are placed in a situation where their disconnection from the reality of their modern environment becomes a source of humor, frustration, or pity. This has lead Cuddy and Fiske (2002) to conceptualize our popular understanding of older adults as "feeble yet loveable, doddering but dear" (p. 3). Perhaps, there is hope that this tendency in popular media will change slowly as the baby boomers continue to age and change the demographics of the marketplace.

Consumer culture floods its audience with images of young people, while

simultaneously and explicitly selling the *value* of youth. Anti-aging has grown into a multi-billion dollar industry (Perls, 2005). Women spend large sums of money on fashionable anti-aging creams and dietary supplements, while men seek to reverse the effects of graying and hair loss. We have products, exercises and medical procedures (e.g. Botox), all sold under the pretence that they will make people look and *feel* young. Most anti-aging products that are sold with grandiose claims play on ageist attitudes to hide blatant "quackery" (Perls, 2004). In doing so, the anti-aging industry has played a central role in the proliferation of negative images of older adults. There is a healthy profit to be made by perpetuating the fear of growing older.

Even positive images addressed towards older adults may have an implicit ageist motivation. Marketers advertise an idea of "agelessness," living a full life without experiencing the aging process (McHugh, 2002). Perhaps a denial of some of the losses associated with age can place individuals in a compromised position when those losses actually occur. For example, an image of an elderly couple sailing around the world is a "positive" depiction of aging. However, marketers who use such imagery often imply a value judgment on such a lifestyle. Thus, other individuals might feel like they should also be doing activities generally associated with youth. Such images place value judgments on activity and individualism over reflection and communality (McHugh, 2002). Therefore, even positive depictions of older adults sometimes deny aging and fail to account for the value and meaning of the later life. McHugh (2002) refers to the fluctuation between negative depictions of older people (e.g. doddering, out-of-touch) and the agelessness imagery (e.g. highly active activities) as "bipolar

ageism" (p. 178).

Ageism in Psychology

How can psychologists divorce themselves from cultural ageism? The prejudice against older adults can be seen in social institutions and popular culture. Ageism in these contexts has been well documented. However, the field of psychology has not received proper scrutiny for its own institutional ageism. In this section we will analyze the history and practice of psychology as it has been influenced by ageist perspectives. For most of the field's history, a bias towards youth and a tendency to focus on deficits has marked the psychological study of older individuals.

During the growing popularity of psychology in the 20th century very little interest was given to the later stages of life. Psychology had placed infancy, adolescence and young adulthood at the center of its study, a practice that continues to this day. There are valid reasons to focus primarily on child development. However, it took developmental psychologists 50 years before late adulthood was seen as a meaningful stage of psychological interest (Birren & Schroots, 2001). Even Erick Erikson, who is seen as a pioneer of aging studies, only offered late adulthood half of a page in his premier text (Erikson, 1959). The full embrace of aging studies into the APA did not occur until 1985 (Birren & Schroots, 2001).

The majority of the first published research on older adults documented their scores on the intelligence tests that were created for child developmental psychology (Birren & Schroots, 2001). Researchers used these tests to document

losses in brain function. Cognitive declines (particularly memory loss) continued to be a primary interest of aging psychology for the 20th century. The birth of neuroscience offered new pathways for researchers to investigate the aging brain. Other evidence of decline, such as late life depression, physical disability, stress, and social isolation has all been extensively researched. For example, Zacks, Blanchard-Fields, and Haley (2006) recently wrote a 20-year review of *Psychology and Aging*, a premier APA journal on aging studies. Of the 20 most cited articles in the journal, 12 engaged topics of psychological dysfunction and three of the remaining eight articles concerned caregiver stress. None of the top-cited articles painted a particularly positive image of aging (Zacks, Blanchard-Fields, & Haley, 2006).

The deficit model can be seen throughout the field of psychology. When doing a descriptor search on the online database PsycINFO, a descriptor search for "aging" plus "cognitive impairment" returns over 500 peer-reviewed articles. In contrast, concepts such as "wisdom," "creativity," or "generativity" (when paired with "aging") sum to only 63 peer-reviewed articles. Of all descriptors, "memory" plus "aging" may be the most common, resulting in 1352 peer-reviewed articles. It is reasonable to assume that the majority of these articles deal with memory loss and related deficit issues.

Some researchers might argue that this emphasis on loss in later life is reflective of undeniable psychological decline in later life. However, a body of literature that focuses on psychological dysfunction may also serve to reinforce the stereotype that age is a developmental decline. Over-sampling research investigating developmental deficits may be both a product and a source of

cultural ageism. In the next section we will discuss how such a conceptualization

of aging can have a variety of negative consequences on older adults themselves.

Chapter 2:

The Effects of a Deficit-Based Environment

What effect does ageism have on older adults themselves? A youth bias would have little relevance if older people did not experience maladaptive or discriminatory consequences. In this chapter, I will discuss how attitudes and behaviors have been shown to have negative effects on the well-being and daily functioning of older adults. I will focus on macro-social effects (e.g. public policy decisions) and also micro-interpersonal effects (e.g. one-on-one communication). Just as age-biased prejudice can be both conscious and automatic (Nosek, Banaji, and Greenwald, 2002), the effects of ageism on older people are sometimes obvious and sometimes unrealized. Finally, I will provide an argument that an overemphasis on age-related deficits may lead to a self-perpetuating proliferation of age discrimination and the stereotyping of older adults. As Rowe and Kahn (1987) note, much of what is generally seen as biological inevitability is actually the result of environmental conditioning, and in this way, may be subject to some level of modification.

The Effects of Cultural Discrimination and Prejudice

The implications of cultural ageism are undeniable and penetrate many social situations. For example, in an employment context, an older individual may experience additional scrutiny during the hiring process. Once on the job, older employees often experience ageist jokes and jabs, stereotypes about productivity, anxiety about job security, and pressure to retire (McCann & Giles, 2002). Also

the effects of ageist misconceptions and discrimination by healthcare providers may cause older adults to be over proscribed (Grant, 1996) and often underserved (Damiano, Momany, Willard, & Jorgerst, 1997). Blatant acts of discrimination in such contexts is likely reflective of widespread social attitudes and stereotypes.

Some consequences of widespread ageism are less direct and may affect older adults through complex psychological mechanisms. Garstka, Schmitt, Branscombe, and Hummert (2004) argue that older adults who perceived that they were being treated in an ageist manner also showed a significant decrease in psychological well-being. This finding fits with research that has reported the negative effects of perceived social discrimination on well-being for other stigmatized groups, such as African Americans (e.g. Branscombe, Schmitt, & Harvey, 1999) and women (e.g. Schmitt, Branscombe, Kobrynowicz, & Owen, 2002). There is also some support that perceptions of prejudice may lead to increased stress and negative health outcomes (see Guyll, Matthews, & Bromberger, 2001 for a study comparing African American and white participants).

Interesting research has investigated how perceptions of cultural stereotypes affect performance on various psychological measures. For example, implicit expectations about memory and aging may play an important role in the self-judgments of older adults (Lineweaver & Hertzog; 1998; McDonald-Miszczak, Hertzog, & Hultsch, 1995). Lineweaver and Hertzog (1998) studied the relationship between general beliefs about aging and memory in comparison to personal beliefs about one's own memory. Their results demonstrated that there was a great deal of consistency between implicit theories about late-life memory

loss and the participants' memory self-efficacy and control beliefs. They concluded that implicit theories, rather than accurate monitoring of one's own memory functioning, had a primary influence on an individual's beliefs about memory ability (Lineweaver & Hertzog, 1998). In other words, it was the stereotype of aging that lead to the decreased performance on the memory test. The implicit theory perspective supports the idea that there are socially shared beliefs about facets of aging that are deeply embedded in attitudes across the lifespan (Levy, 2003). As was discussed in the previous section, these underlying cultural attitudes may be constructed and reconstructed by popular imagery, language, and advertisements that conform to ageist stereotypes (e.g. Donlon, Ashman, & Levy, 2005).

The relationship between cultural beliefs and personal beliefs is also relevant to an individual's daily function. Researchers have provided strong evidence that beliefs about ability (self-efficacy) for a given task can often have a positive relationship to a performance on the task (Bandura, 1989; Cavanaugh & Green, 1990). Berry & West (1993) review how this phenomenon has been shown to occur across the lifespan, and may actually be applicable to older adults' performance on memory tests. However, the direct relationship between self-efficacy and memory test performance has not been fully supported (Seeman, McAvay, Merrill, Albert, and Rodin, 1996). Yet there does seem to be evidence that increasing an older person's feelings of efficacy about their cognitive ability may actually significantly increase their cognitive function (Berry & West, 1993). This may be particularly important for older adults, given the fact that they tend to score much lower on self-efficacy and control beliefs for cognitive tasks

(Lineweaver & Hertzog, 1998).

However, it is also important to recognize the possible dangers of treating memory loss as a *lack of belief* in one's own cognitive abilities. Such a message may cause older adults to feel like memory loss is their own fault. It is important to note that a level of short-term memory loss is likely and perhaps inevitable in later life, regardless of positive thinking. Yet, it also provides an incomplete picture if one does not include the impact of social conditioning into the dialogue on cognitive deficits. Understanding the social implications for cognitive function should inspire social change and interpersonal understanding. Such research develops the conception that decreasing ageist stereotypes and increasing the visibility of alternative aging paradigms will have a positive effect on the well-being and function of older adults themselves. Family, friends, and care providers of older community members can play a personal role in the deconstruction of these stereotypes by being aware of the tendency to make biased or snap judgments when relating to older adults. In the next section, we will look closely at how personal interactions can have a meaningful effect on older adults.

Interpersonal Effects

As was discussed in the previous section, older adults are often acutely aware of cultural beliefs expressed through institutional prejudice (e.g. Donlon, Ashman, & Levy, 2005) and implicit cultural beliefs (e.g. Lineweaver & Hertzog, 1998). However, the effects of ageism are also manifested in interpersonal interactions. Researchers have studied how common behaviors such as patronizing speech (Nussbaum, Pitts, Huber, Krieger, & Ohs, 2005) and over-

helping (Baltes and Wahl, 1996) can have an adverse effect on the functioning of older adults.

It is widely accepted that people tend to speak and interact with older adults in different ways than they interact with younger adults (Hummert & Ryan, 1996; Thimm, Rademacher, Kruse, 1998). These communication patterns usually have the goal of accommodation, in expectation of mental or physical impairments. For example, a person may use a slower speech pattern, speak in a higher register (baby talk), or avoid using complicated words or metaphors when talking to older adults (Nussbaum et al., 2005). According to O'Connor and Rigby (1996) accommodating speech (also called "age adapted speech" (Thimm et al., 1998) or "elderspeak" (Hess, 2006)) is widely experienced by older individuals living in care facilities as well as community-dwellers. Speech accommodating is usually well intended. And in certain situations, the use of such accommodations may actually reflect an understanding of the needs or preferences of a particular older individual.

However, the pervasiveness of a stereotypical expectation that older adults are incompetent or mentally slow can elicit some individuals to over-accommodate in their interactions (Hummert, 1994b). In such situations, older adults may feel that they are being patronized or treated like infants. The use of "baby-talk" can elicit positive or negative reactions, depending on the targeted individual (O'Connor and Rigby, 1996). Caporael, Lukaszewski, and Culbertson (1983) found that lower functional ability was related to a nursing home resident's preference for baby-talk. Individuals who were labeled as less functionally independent generally preferred baby-talk to normal speech. Similarly, older

individuals who scored higher on measures of need for affection and attention were also more likely to see baby-talk as affectionate (O'Connor and Rigby, 1996). For individuals who like to be spoken to in this way, baby talk actually predicted higher self-esteem (O'Connor and Rigby, 1996).

However, baby talk can have significant negative effects on older adults as well. O'Connor and Rigby (1996) reported that functionally healthy individuals were more likely to perceive baby-talk as patronizing or a sign of superiority. Among these individuals, receiving baby-talk was damaging to self-esteem. Patronizing talk may also negatively effect motivation and confidence (Avorn & Langer, 1982) and decrease participation and feelings of control (Langer & Rodin, 1976; Rodin & Langer, 1977). Even in cases where accommodating or textured speech is perceived as affectionate, the term "baby-talk" has a connotation of infantilism that represents ageist stereotypes.

In some ways, overly accommodating communication (such as baby talk) can be seen as one facet of over-helping behavior. Over-helping has been documented primarily in nursing home contexts (Avorn & Langer, 1982; Langer & Rodin, 1977). Qualities of over-helping might include assistance on activities, tasks or actions that older adults would be otherwise able to do themselves with time and effort. Like accommodating speech, over-assistance in daily care giving is likely a combination of the natural (filial) urge to support older individuals as well as the unconscious influence of cultural stereotypes.

In a provocative study, Avorn and Langer (1982), attempted to see how nursing home residents reacted to different levels of assistance on a simple task. In their study, residents were assigned to three groups. One experimental group

was offered extensive assistance in completing the task. Another experimental group was offered verbal encouragement, but minimal assistance. A control group was also used, which received no assistance or support. During the study the ability ratings of the encouragement group improved significantly. In contrast, the assistance group's scores actually decreased even more than the control group. In other words, residents who received a high level of assistance were worse off on completing the task than residents who received no help at all. Self-confidence and perceived task difficulty also suffered in the assistance group compared to the encouragement group. The authors suggest the infantilization and over-helping of nursing home residents beyond clinical requirements may actually lead to higher levels of disability.

Baltes and Wahl (1992, 1996) postulate that there may be an inherent draw of dependence (particularly in an institutional setting). Older adults are more likely to receive social support and attention when displaying signs of dependence. At the same time, independent residents are largely ignored. Baltes and Wahl (1996) argue that these patterns of treatment were firmly ingrained into the long-term healthcare system and that the effect of the system was consciously or unconsciously reinforcing dependency. An intervention to increase social support of *independent* residents as well as dependent residents resulted in significantly lower levels of dependency in a nursing home (Baltes, Neumann, & Zank, 1994).

The Self-perpetuating Nature of Stereotypes

As was discussed in the previous sections, the role of social stereotypes about

age-related deficits can lead to the existence and severity of these deficits. For a member of a stigmatized group, increased anxiety produced by stereotype-relevant evaluations can often influence test results, which in turn lead to the proliferation of the stereotype itself. This phenomenon has been labeled as *stereotype threat* (Steele, Spencer, & Aronson, 2002), and has primarily been studied with African Americans (on intelligence tests) and women (on math tests). A small but convincing body of research has also tested the applicability of the stereotype threat model to memory functioning in older adults with some success (Rahhal, Hasher, & Colcombe, 2001; Hess, Auman, Colcombe, & Rahhal, 2003; Schmader & Johns, 2003)

Rahhal et al., (2001) tested older and younger adults on a simple memory task. As expected, younger adults outperformed older adults when the task was framed as a typical memory test. However, when the experimenters de-emphasized the memory evaluative nature of the test, older and younger adults scored comparably well. Interestingly, the scores of older adults significantly increased, and the scores from younger adults actually decreased slightly when the memory aspect was de-emphasized (Rahhal et al., 2001). Other research has shown that the strength of the effect is negatively related to the value that the participant places in his/her memory ability (Hess et al., 2003). In other words, the more an older adult cared about his performance, the *worse* he or she did on the test. Test results are consistent with stereotype threat patterns from different stigmatized populations (e.g. Steele & Aronson, 1995). These findings are particularly striking, considering the biological explanation that continues to be used in cognitive gerontology to describe memory loss in later life.

The relationship between aging and memory loss is pervasive in general knowledge and the scientific literature. It is therefore not surprising that older adults would experience increased anxiety when taking memory evaluations. Other researchers have argued that stereotype behavior may be activated autonomically (see Wheeler & Petty, 2001, for possible mechanisms). This research has shown that stereotyped behavior (including memory loss in older adults) can be elicited when a priming stimulus or conducive environment is present (e.g. Hess, Hinson, & Statham, 2004; Hummert, 1994a). In contrast to the tenants of stereotype threat theory, Bargh, Chen, & Burrows (1996) have demonstrated that stereotypical behavior associated with older adults can be enacted in younger adults as well. For example, activating ageist stereotypes primed college students to walk slower (Bargh et al., 1996), remember less (Dijksterhuis, Aarts, Bargh, & van Knippenberg, 2000), and respond more slowly (Dijksterhuis, Spears, & Lepinasse, 2001). It is clear that stereotype activation and test anxiety may be important additional factors to acknowledge in the face of poorer performance for older adults in age-related domains.

Perhaps we must learn to accept that there will be cognitive and physical changes in the body and brain that are directly caused by our biological aging process. However, the research in this chapter has demonstrated that there may be more than biology involved. Ageist stereotypes mediate the ways that older adults interact with the world around them, through explicit discrimination and perceived prejudice. Research on both of these effects has shown that an over-focus on deficits associated with aging can become a self-fulfilling prophecy. In the next section, I will continue the deconstruction of the deficit model by arguing

Chapter 3:

Beyond the Deficit Paradigm

In the previous two chapters, I have demonstrated how the deficit model of aging is a product of cultural ageism and can be seen to have a damaging effect on older individuals through the internalization and activation of stereotypes. In the next two chapters, I will argue that the deficit model is also incapable of explaining why older adults are generally happy with their lives. The deficit model also does not take into account the subjectivity of the aging process. I will finish the chapter by discussing the accommodation to deficit and adaptation of values that occurs in later life. Interestingly, this adaptation is not simply an abandonment of higher expectations for health, but also a transformation of life perspective away from deficit-oriented thinking.

Happy Aging?

How do older adults experience their later life? Under the deficit model, we might predict that the experience of aging would be a constant struggle, marked by a diminishing perception of life's quality. Research in psychology has operated within this paradigm. A primary interest has traditionally been given to understanding how functional declines affect well-being. Undesirable emotional states, such as depression, anxiety, and loneliness, have received extensive review, and are sometimes even treated as inevitable results of the aging process (Lenze et al., 2001). This deficit-oriented focus has caused researchers to overlook emotional growth and evolution that occurs in later life.

Theorists of emotion and aging have begun to challenge the idea that aging is marked by declines in well-being. More importantly, they have backed up their claims with empirical research. Anyone would acknowledge that the loss of one's memory or the death of a friend are experiences that frustrate or hurt us all. Yet, older adults, who experience many such losses, seem to live relatively happy lives (Diener & Diener, 1996). Furthermore, a variety of studies have shown that older adults may actually be *better* than younger adults at handling negative emotions (Carstensen & Charles, 1998; Mroczek & Kolarz, 1998).

In studies of emotional experience in older adults, Carstensen and colleagues found that older adults were likely to experience as few or fewer negative emotions when compared to younger adults (Carstensen & Charles, 1998; Carstensen, Pasupathi, Mayr, & Nesselroade, 2000). Mroczek and Kolarz (1998) administered a survey to 2,727 persons of various ages. Surprisingly, they found that older adults actually reported slightly *higher* levels of positive emotional experience. In other words, older adults were happier, in general, than younger adults. This research is particularly intriguing, given the widespread stereotypes of older individuals as "bitter" or "grumpy." Older adults may be more likely than other age groups to sustain positive emotions, while letting negative emotions quickly pass. Charles, Mather, and Carstensen (2003) showed that older participants in a visual stimulus test were significantly less likely to remember images with negative content than younger adults. However, memory for positive images stayed relatively consistent across the age groups (Charles, Mather, & Carstensen, 2003).

Why do older people seem to be better equipped to regulate their

emotional well-being? Most researchers point to emotional maturation and psychosocial changes in later life as the key to this mystery. One influential theory, developed by Carstensen and colleagues, is known as the *socioemotional selectivity theory* (Carstensen, Isaacowitz, & Charles, 1999). According to this theory, people become much more aware of their life's approaching terminality in older adulthood. This causes older individuals to look inwards and develop a lifestyle that nurtures their own emotional satisfaction. As Carstersen and collegues note:

> The central change in adulthood is a shift in the salience of social goals. Younger adults, having much to learn and relatively long futures for which to prepare, are motivated by the pursuit of knowledge—even when this requires that emotional well-being be suppressed. For older adults, the reverse trend appears. Facing relatively shorter futures and having already accrued considerable knowledge about others, older adults prioritize emotional goals because they are realized in the moment of contact rather than banked for some nebulous future time (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000, p. 645).

Cohen (2005) argues that the explanation for positive morale in later life is not just environmental but can be documented in the aging brain itself. In a study using MRI scanning, researchers were able to monitor brain activity in the amygdala (the emotional epicenter of the brain). Older and younger participants were shown positive and negative imagery. In older brains, the amygdale lit up just as intensely and stayed lit up as long as younger brains when viewing positive images. When viewing negative images the amygdala actually lit up less intensely and with a shorter duration in older brains. In other words, older brains are more inclined to highlight positive experiences and downplay negative experiences (Cohen, 2005). Could this be a developmental gain in human physiology that occurs in later life? Although more research is needed, such findings can help us

to realize the complexity of the aging brain.

In general, well-being seems to improve in the second half of life. However, researchers have had some difficulty extending this trend into the latest stages of life (Smith & Baltes, 1997). Such findings lead us to the assumption that there may be a limit to the emotional resilience that is developed as we age and experience new age-related losses. The fact that older adults show a preference for their younger years over their older years can be seen as another indicator that later life is not always experienced in a positive light (Luszcz & Fitzgerald, 1986; Heckhausen & Krueger, 1993).

As we saw in the last chapter, perceived (and real) ageist discrimination should not be underestimated as a threat to well-being in later life (e.g. Garstka, Schmitt, Branscombe, and Hummert, 2004). It is difficult to know what effect functional and social loss has on well-being in relation to the effects of perceived prejudice. In addition, negative beliefs about later life may not arise solely from the negative experiences in older adulthood. These feelings may also develop from culturally imbedded attitudes about the negativity of the aging process (Levy, 2003). By the time people have lived into their later years, the representation of aging as a decline may be firmly imbedded into their understanding of the life course. Therefore, it is not the aging process itself that threatens well being in later life, but also ageist attitudes. Although older adults have been shown to be generally happy, creating a social environment that appreciates the aging process may lead to even higher levels of well-being (Levy & Langer, 1994).

The Subjectivity of Successful Aging

Research on well-being has shown that our usual measures of "decline" may not necessarily be applicable to the older population. Studies that have investigated cognitive and physical losses in later life have made implicit or explicit claims about how these losses would affect the quality of life of the older individual. Functionality has long been considered the most important measure of successful aging. Using a hierarchical measuring system of health variables (physiological, psychological, and social), Rowe and Kahn (1997) attempted to create an objective approach to measure successful aging. The hierarchy placed physical health variables as the primary indicator of success. Psychological and social variables were seen as secondary.

Other researchers have argued that older adults place less value on observable predictors of successful aging (e.g. physical ability or cognitive function). Spending too much energy studying these deficits may lead to the systematic over-estimation of negative elements and under-estimation of the quality of their lives (Coen, O'Boyle, Swanwick, & Coakley, 1999) Strawbridge, Wallhagen, and Cohen (2002) tested Rowe and Kahn's measure in comparison to the self-reporting of aging success. Their results displayed a relatively weak relation between objective ratings and subjective self-reports. Among the participants, one-third of those who were labeled as chronically disabled self-reported that they were aging successfully. Another third of the participants who were aging fine by objective standards reported feeling unsuccessful in their aging process. Strawbridge and colleagues (2002) also noticed that some of the most disabled members of the study actually reported a high level of aging success.

Similar observer/self-report discrepancies were found when predicting psychological well-being in nursing home residents (Herbert & Salmon, 1994).

How does one explain this divergence between observer and self-report findings? Different researchers have proposed different solutions to this problem. Some researchers have argued that quality of life for older adults can never be fully measured using solely objective methods because the term implies a subjective component (Allison, Locker, & Feine, 1997; Hendry & McVittie, 2004; McKee, Houston, & Barnes, 2002). Others have argued that life's quality is measured in relation to past experience and expectations for the future (Carr, Gibson, & Robinson, 2001). Observers must be aware of the individual's life history and personal viewpoint if life's quality is to be assessed. Hendry and McVittie (2004) argue that the real problem with quality of life measures is that there is no consensus on the definition of the term.

Lawton (1999) proposed that there may be a fundamental shift in qualitative value that occurs as we age. Lawton argues that we must be careful not to attribute the values that we have accumulated during our middle years to our later years. In some ways, his views can be seen as a reiteration of Eriksonian psychosocial stage theory, which places later life as a developmental stage with its own dilemmas and motivations. As observers, we must identify and nurture the true sources of life affirmation for a particular older individual and the general trends for other older adults. In relation to our understanding of age as decline, we must also learn to distinguish between declines in valued and undervalued domains. In other words, older adults may care little about the slow loss of physical and mental function when it is compared to emotional nourishment and

intergenerational generativity. As practitioners we must learn to identify the elements of aging that are most important to older adults themselves.

Deficit Accommodation and the Disability Paradox

The deficit model is unable to account for high levels of well-being among older people or the subjectivity of aging. The model also does not account for the natural and healthy coping processes that operate for individuals in the face of adversity. Whether consciously or unconsciously, older people tend to adapt to their changing circumstances as a means of successfully coping with aging (Jopp & Rott, 2006). These coping methods may help to explain why a population with high levels of adversity continues to display high levels of well-being. Participants with serious chronic disease or significant disability do not necessarily report having a poor quality of life and often describe their lives as successful (Carr, et al., 2001). This phenomenon has been labeled the *disability paradox* because it seems counterintuitive to our understanding of adversity and its psychological effects (Albrecht & Devlieger, 1999). The disability paradox has been studied with a variety of populations including persons with physical and mental disability and chronic illness (Taylor, Kemeny, Aspinwall, Schneider, Dodriguez, & Herbert, 1992).

How can we explain this paradox? Carr, Gibson and Robinson (2001) argue that when expectations are matched by current experiences of dysfunction, no negative effects on quality of life can occur. Most older people acknowledge and accept some losses and deficits as part of the aging process. Research has reported that accommodation and resilience continues throughout the lifespan

(Jopp & Rott, 2006; Rothermunt & Brandtstadter, 2003). An argument could be made that older adults are still much worse off than younger adults; they have simply become accustomed to their compromised functionality. Is happiness in later life just an illusion? Taylor and Brown (1988) argue that self-serving illusions are actually a healthy part of our daily lives. Illusions enable us to continue to pursue goals, build social relationships, and produce creatively.

Adaptation in later life can also be seen as a change in perspective. As was discussed earlier in the section, for many individuals, later life is marked by a desire to turn inward towards emotional and familial nurturing (Carstensen et al., 1999). Tornstam (1997) proposed that shifts in worldview that occur for many (but not all) older adults result in decreased engagement in material goods and daily worries. He called this phenomenon "gerotranscendence" (Tornstam, 1997). Hillman (2000) argues that the goal of later life is the development of one's character. He notes how functional "deficits" can be framed as gains. For example, he argues that although older adults may walk slower than younger adults, they are able to notice more of their surroundings as they move from place to place. Perhaps when one door closes another door opens.

In the next chapter, I will discuss how a lifespan developmental approach predicts that developmental losses are accompanied by gains throughout the lifespan. I will highlight some positive elements of later life that have received limited attention in the psychological research but are interesting concepts by which we can reconstruct later life as a period of both hardship and growth.

Chapter 4:

Appreciating the Positive Sides of Later Life

In the previous chapter we discussed how qualitative shifts in perspectives and expectations that accompany growing older may compel us to deconstruct a deficit oriented approach. We also saw that the transformative process of aging into later life may cause developmental gains in objective measures such as emotional well-being (Carstensen & Charles, 1998) and abstract concepts such as *inner character* (Hillman, 2000). In this chapter, I continue the discussion of the limitations of the deficit model by focusing more explicitly on developmental gains in later life. I hypothesize that age-related losses may be accompanied by age-related growth.

Since the late 1970s, some researchers have attempted to create a developmental model that embraces the changes that occur throughout the life course (Arlin, 1975; Baltes, Reese, & Lipsitt, 1980; Uttal & Perlmutter, 1989). Baltes, Reese, and Lipsitt (1980) advocated a *life-span developmental perspective* for understanding the human organism. Their work built on the work of Erikson, but also recognized its limitations. Life-span psychologists saw Erikson's ego integrity versus despair binary as the manifestation of the "old and wise" versus "old and bitter" cultural stereotype. Erikson's theory also provided an arbitrary plateau to development in later life (Williams & Nussbaum, 2001, p. 4). According to these researchers and theorists the developmental process is not linear, nor curvilinear but rather *multilinear* (Baltes, Reese, & Lipsitt, 1980). An individual is faced with potential for new development at any point in the life

course. Developmental challenges come and go at different times for each person. For older adults, developmental challenges might include adapting to physical disability, continual restructuring of social environments, and the task of life review (Baltes, Reese, & Lipsitt, 1980).

The life-span perspective provides its biggest critique of the deficit model in making its claim that developmental losses are often accompanied by gains (Uttal & Perlmutter, 1989). However, life-span literature has not properly identified exactly what these gains would be for older adults. In helping to remedy this deficiency, the following sections will propose that wisdom, intergenerational relationships, creativity, and historical narrative are domains of positive growth and well-being in the later years. Any one of these four topics is deserving of a full review. Nor is this a comprehensive list of positive elements that may be benefited by aging. In this chapter, I will simply provide a basic analysis of the literature on these four topics for the purpose of supporting the argument that late adulthood may also feature significant positive elements for many older individuals.

Wisdom?

Does life experience stimulate the growth of expert knowledge and understanding of the world? The "wise elder" has been a common stereotype (and archetype) of older adulthood for centuries. The concept of *wisdom* is a particularly interesting one in the context of aging, given that almost all stereotypes of older adults are negative (as we saw in Chapter 1), with few exceptions (Heckhausen, Dixon, & Baltes, 1989; Hummert, 1990). Classical

folklore and popular imagery, depicting the elder as a knowing sage, may complicate our understanding of ageist attitudes. Psychological researchers have tried to understand why we label some people as "wise" and what this means. Although the origins of the term are deeply rooted in philosophy and religion, new empirical approaches have attempted to test its validity and value as a construct in psychological research (Brugman, 2006; Kramer, 2000; Kunzmann & Baltes, 2003).

How does one define wisdom? Moving beyond subjective accounts has become a primary stumbling block for wisdom research. Researchers continue to disagree on the exact nature of the construct (see Brugman, 2006 for a review of the popular perspectives). However, there are some common themes that appear throughout the literature. Wisdom is often seen as expert judgment in the realm of *human affairs* and has been related to concepts such as practical intelligence, transcendent understanding, creativity, morality, insight, and life experience (Kramer, 2000, Sternberg, 1985). It is less clear how these factors play into a cohesive definition. Some prominent researchers have used a pragmatic approach (e.g. Kunzmann & Baltes, 2003). They have defined wisdom as the process of living one's life for the good of oneself, others, and the surrounding environment. Therefore, wisdom is sometimes seen as a balance of life's goals and pursuits to *achieve a common good* (Sternberg, 1998).

Other approaches are based on the idea of wisdom as *acknowledgement of uncertainty* (Brugman, 2006). For example, Meacham (1990) defined wisdom as the balance between what one believes one knows and what one accepts that one does not know. Although these frameworks of understanding may be helpful in a

limited context, pragmatic and epistemic approaches can be criticized for their problematic lack of construct validity and objective measurements. Who is to say what behaviors or values are appropriate to "achieve a common good?" How do we measure a balanced life? What level of uncertainty in one's knowledge is appropriate?

Perhaps it is helpful to make a distinction between the constructs of "intellectual knowledge" and "wisdom-based knowledge." Ardelt (2000) argues that the nature and pursuit of wisdom-based knowledge is distinct from intellectual-knowledge in a variety of ways. Although both types of knowledge are used to search for truth and understanding, intellectual knowledge is gained by identifying new truths through theoretical or scientific inquiry. In comparison, wisdom-based knowledge is gained by *rediscovering* collective, universal, and timeless truths through life experience and interpersonal interactions. Ardelt (2000) also argues that wisdom-based knowledge is more important in later years because life's problems are often seen as having internal/present rather than external/future solutions. As intellectual development becomes more difficult, older adults often re-access the values that they believe to be most important in their lives. For some individuals, this is a process of shedding life's trivia and identifying a few fundamental truths by which to live one's life. For every adult this is a different process. Perhaps it is in the pursuit of these basic truths that many people turn to intergenerational nurturing, spirituality, creativity, and charity in their later years.

Although theoretical perspectives often predict higher scores from older adults on wisdom-related criteria, other researchers argue that these theories have

relied too heavily on folkloric expectations. Staudinger (1999) reviewed empirical evidence from the psychological study of wisdom and found that being older does not necessarily mean being wiser. Her findings show that from age 20-75 participants scored relatively comparable on wisdom-related criteria (Staudinger, 1999). Pragmatic approaches have demonstrated inconsistent successes when relating wisdom criteria to aging (Brugman, 2006; Kunzmann & Baltes, 2003). Surprisingly, there is more evidence that wisdom is gained in late adolescence/young adulthood than in later life (Pasupathi, Staudinger, & Baltes, 2001). From an epistemic perspective, Meacham (1990) argues that wisdom is actually negatively associated with growing older. In other words, there is an inherent wisdom in youth, which is lost as we grow up.

Perhaps the study of wisdom has not allowed for the dynamic nature of the construct. Wisdom may take different forms depending on the challenges that are pertinent to different stages of life (Glück, Bluck, Baron, & McAdams, 2005). Glück et al. (2005) collected autobiographical narratives from adolescents (15-20 yrs.), midlife adults (30-40 yrs.), and older adults (60-70 yrs.). The participants were asked to recall and describe a situation in which they made a wise decision. All ages reported that wise decisions were made in the face of important life decisions. Younger adults were much more likely to see wisdom as empathizing with and supporting others. However, older adults saw wisdom as successful use of one's past life experience and showing contextual flexibility. As Glück, et al. (2005) notes, life experience and flexibility may be important tools in later life given the task of life review and the ambiguity of social roles (Glück, et al. 2005).

Even if no dramatic gains in the amount of wisdom are documented in

later life, the findings in wisdom psychology still clearly provide an argument against the deficit model. Wisdom-based knowledge remains stable across the lifespan (Staudinger, 1999). However, empirical research must be conducted to determine the role of life experience with regard to wisdom-based knowledge. Without such research, wisdom suffers as a marker of late life gains and as a psychological construct in general. Without such research, perhaps it is best to accept wisdom as a phenomenological concept. We might ask an older individual how his/her life experience has lead to his/her personal idea of wisdom.

Intergenerational Kinship and Grandparenthood

For many centuries, older member of a society have been a resource of cultural history, life experience, and temporal perspective. The process of aging provides each person with the opportunity to play new roles in the multi-generational context of our social system. Although relationships between parents and children are technically "intergenerational," the concept of *intergenerationality* has been primarily used by psychologists to reference relationships that span three or more generations (e.g. grandparents) (e.g. Euler, Hoier, & Rohde, 2001; Williams & Nussbaum, 2001). Relationships between the old and the young often occur within the family system. However, meaningful intergenerational relationships are also cultivated within educational institutions, work environments, or between friends. In this section, we will look primarily at the grandparent-grandchild relationship. At the end of this chapter we will discuss how flourishing intergenerational relationships may be seen as a result of a increased tendency in later life towards family and community (Diehl, Owen, &

Youngblade, 2004).

With rising life expectancy in the U.S., there is likely to be even more three-, four-, or even five-generation families, and grandparenthood may soon be a nearly universal experience (Szinovacz, 1998). According to 2006 U.S. Census data, there are about 56 million grandparents living in the U.S. right now (U.S. Census Bureau, 2006). However, each grandparent sees his/her role in a slightly different way. Neugarten and Weinstein (1964) conducted one of the first studies to look at grandparenthood from a psychological perspective. The researchers interviewed 70 pairs (each member at a time) of grandparents from a middle-class background. Neugarten and Weinsein asked the participants about the significance and meaning of their grandparent role. The participants reported that they felt like their grandchild offered them *biological renewal* ("It's through my grandchildren that I feel young again") and *biological continuity* ("it's through these children that I see my life going on into the future") For other participants, grandparenthood was also seen as an opportunity to be the emotional and instrumental provider that they never could be when they were parents. It is also important to note that a relatively large percentage of grandparents (19% of grandmothers and 29% of grandfathers) did not feel like their role was very significant, and reported distant relationships with their grandchildren. These different attitudes were accompanied by different grandparenting styles, including formal, fun-seeker, and surrogate parent style (Neugarten & Weinsein, 1964).

One striking result from the Neugarten and Weinsein study was that almost one third of participants described their relationship with their grandchildren as distant and unsatisfying. This finding has *not* been replicated in subsequent

research (Kivnick, 1983; Peterson, 1999). In fact, most studies have found that almost all grandparents are satisfied and many feel that their relationship has no negative aspects at all (Peterson, 1999). Generally, grandparenthood has also been shown to be a meaningful source of well-being for older individuals (e.g. Drew & Silverstein, 2004; Drew & Smith, 2002). Similarly, grandchildren also report high levels of satisfaction with their grandparents (Hartshorne & Manaster, 1982; Hoffman, 1980).

It has become increasingly apparent to researchers that many grandparents are providing more instrumental support to their grandchildren than was originally thought. When parents are not available or able to raise their children, the duty is often taken over by grandparents. In 2006, the US Census reported that 2.4 million grandparents are responsible for the basic needs of one or more of their grandchildren (US Census Bureau, 2006). About one third of grandparents who are primary guardians of their grandchildren are over 60 years of age. Families of Native Americans, Blacks, Hispanics, and Pacific Islanders are also more likely to have a grandparent living with a grandchild (Fuller-Thomson & Minkler, 2007; Ross & Aday, 2006; US Census Bureau, 2004). In addition, grandmothers are more likely to have closer relationships to their grandchildren than grandfathers. (Eisenberg, 1988). However, Bullock (2005) notes that the valuable roles that grandfathers play in the lives of their grandchildren have typically been underestimated.

It is often difficult to study grandparenthood because the role is enacted in significantly different ways according to historical background, value system, and involvement in other activities (Peterson, 1999). Even though grandparenting is

generally associated with older adulthood (Hummert, 1990), many grandparents are in their early 40s and 50s in age. Plus, it is important to acknowledge the grandparent-like roles that non-biological elders play in the lives of family members. For example, older extended family members or family friends may choose to embody the role of wisdom provider and serve as a model of aging for children or young adults.

Diehl et al. (2004) argue that many older adults tend to experience fulfillment through relationships with others and their sense of communal belonging. This is in contrast to younger adults who tend to experience deep emotional satisfaction through their personal accomplishments and sense of individuality (Diehl et al., 2004). Perhaps the importance of grandparenting for some older adults is due to their ability to nurture close family relationships and solidify themselves in the family system. Communality also tends to have a small but significant relationship to emotional well-being for older adults. However, Diehl et al. (2004) cautioned that their data do not support the idea that older adults do not have individual goals and motivations as well. In their study adults also scored quite high on many of individualistic factors associated with self-agency, including confidence, self-reliance, and creativity (Diehl et al., 2004). In the next section we will discuss how older adults use creative expression as a positive element in their lives.

Life-Course Creativity

Do you know an older person who takes great pride in grooming his/her garden, cooking the perfect casserole, painting with water-colors, or playing

piano? Of course, these are all stereotypes. However, these examples are also creative behavior associated with older adulthood. Psychologists working from a deficit-oriented perspective have argued that creativity and aging are negatively related (e.g. Abra, 1989; McCrae, Arenberg, & Costa, 1987). Such a perspective arises from the well-established position that aging is associated with declines in complex cognitive processes, such as flexibility and divergent thinking. However, this dominant model has received a small but convincing challenge from researchers working within the life-span perspective (Cohen-Shalev, 1989). For example, Sasser-Coen (1993) contends that different stages of life are characterized by different kinds of creativity. She argues that qualitative changes in the creative across the life course process have been widely misinterpreted as losses. In this section, I will propose that the aging process provides some individuals the opportunity to engage in a variety of innovative and creative behaviors.

Creativity is widely defined as the development of original ideas or products that are valued (Runco, 2004). It is easy to understand why artists like Pablo Picasso or theorists like Albert Einstein have been labeled as highly creative people. However, someone does not need to receive broad public appeal to be creative. Personal creativity can also be highly valued by a small community, family, or the individual him or herself. In his book on creativity in the second half of life, Cohen (2002) distinguishes between "big C" creativity and "little c" creativity (p. 24). Creativity with a "big C" refers to highly influential thoughts or acts that change the course of cultural or academic fields (e.g., Mozart's operas). Creativity with a "little c" refers to the everyday actions that are valued within a

smaller context (e.g., a home-made birthday card).

Research about aging and creativity has generally taken two courses of analysis: analyzing older artists and understanding the fundamental cognitive processes associated with creativity. The former approach has painted a complex and sometimes contradictory picture. In his fundamental text, Lahman (1953) analyzed the life-course achievements of a variety of well-known creative figures. His work suggested that artists became significantly less productive as they reached later life, and that this is a sign of decreased creative capacity due to cognitive decline. In contrast, other analyses have shown that the quality of the artistic expression does not diminish with age (e.g. Cohen, 2002; Sasser-Coen, 1993). The reality is that many of the most famous works of artists and academics are done late in life (see Cohen, 2002 for an extensive list). For example, the famous French painter Henri Matisse continued to create innovative art even when he was confined to bed in his eighties. Near the end of his life, Matisse used a long stick to paint onto his bedroom walls. In fact, Sigmund Freud produced influential works late into his 70s and published *The Ego and the Id* at age 67 (as referenced in Cohen, 2002).

But is increased creativity truly gained as we reach later life? Other research has argued that life experience and wisdom lead to creative production (e.g. Labouvie-Vief, 1990). However, it is unclear how life-experience may affect creative ability, given that childhood is often perceived as a highly creative period. It might also be argued that a lack of domestic or employment obligations may lead to increased creativity in later life. Although retirement is not a luxury that every American can afford, a decreased level of work in later life could

provide older adults with the opportunity to engage in creative activities that had been previously unfeasible. Creativity might also be elicited by the urgency that is felt as the life-span reaches its closure. This is sometimes labeled the "If not now then when?" phenomenon (Cohen, 2006).

Although the research is largely speculative, some interesting studies have engaged the possibility that older adults are more "wired" for creative thoughts. Cabeza (2002) found that high-performing older adults showed unexpected patterns in their brain activity when performing a memory retrieval task. PET scans show that people with young brains primarily use their left hemisphere when retrieving memories. In the study, the researchers found that older adults who did well on the test tended to activate *both* hemispheres of their brain (Cabeza, 2002). Cabeza's research provides intriguing evidence for the adaptability of the human brain in later life. The study may also make us wonder about the role that such a neurological change might have on creativity, as the right hemisphere is generally associated with creative production. Could increased creativity be a side effect of deficit accommodation?

Older adulthood is often a period of decreased personal freedom and social obligation. Creativity in later life has been shown to increase well-being by providing a sense of control and social engagement (Cohen, 2005). Regardless of the "artistic" nature of the creative process, such expression provides older adults with the opportunity to exercise their brains or leave behind a reminder of their life. Unfortunately, sociocultural stereotypes about aging and cognition may actually decrease the desire for older adults to express themselves creatively (Sasser-Coen, 1993). Cohen (2005) notes the aging brain never looses the ability

to grow, by developing new synapses, dendrites and cells (p. 101). Continued research should look more closely at the extent and effects of day-to-day creativity, "little c," as a developmental opportunity in later life.

Narrative History

In the previous three sections, I have attempted to present a reasonable argument that aging may provide an increased potential for wisdom-based knowledge, intergenerational kinship, and creativity. Yet, all three of these concepts can be experienced at any stage of the life course. To satisfy the goal of this chapter, perhaps it is important to provide a positive element of older adulthood that is directly related to aging. Therefore, in this final section, I will speak about life experience itself as having some value. Wisdom has typically been seen as combining both life experience and personal insight (Kramer, 2000). I would argue that life experience alone should be valued in a community and by an individual, by linking present generations to the past in meaningful ways. As we age, we involuntarily construct a narrative history of our life, which provides insight into our self concept.

Is there value in speaking directly to someone who fought in World War II or who protested with Malcolm X? Events of the past have lasting importance in our culture today. Cultural history is preserved in the older generation in unique ways. Although memory is surely as subjective as a historical text or image, narrative accounts often contain important information that is never recorded. For example, elders of Native American tribes are highly valued within their community because of their knowledge of tribal cultural traditions, stories, and ideologies.

There has been an increased effort in recent years to revive many of the tribal languages. Such research has often turned to the last remaining speakers of the language to record their voices (see Walsh, 2005, for a review of anthropological methods of language revitalization). Tradition has often been undervalued in societies that glorify youth and modernity.

For older adults themselves, life experience offers the opportunity to synthesize one's existence. Birren and Schroots (2006) define the *narrative self* as a dynamic personal identity that developed from autobiographical memories. As a people navigate the world, they begin to develop an idea of who they are and what they believe. This is a lifelong process. However, Butler (1963) noted that some older adults in particular seem to have a strong motivation to engage in a review of the contents of their life. Research has shown that life review is a healthy and natural engagement of older adults. Review may, in fact, have a positive relationship to well-being for older adults who are functionally dependent and also those who are high functioning (Arkoff, Meredith, & Dubanoski, 2004; Haight, Michel, & Hendrix, 2000). Some researchers have claimed that older adults care more about the past because they are more positive about their younger lives, and have negative attitudes about the present and future (e.g. de Vries & Watt, 1996). Butler himself noted that "too much" reminiscence or rumination about the past self may be harmful to mood (Butler, 2002). It may be argued that reminiscence and analysis of the life's joys, pains, and ironies should never replace the motivation for future action and growth. Within cultures that value the past, constructing and sharing a historical narrative of one's life should be highly appreciated.

Identifying Gains

In this chapter we have looked more closely at some positive elements that are related to aging. However, the four concepts above are by no means an exhaustive list. Large bodies of research have claimed that older adults often gain personal well-being and social value through spirituality (e.g. Koenig, 2006), volunteerism (e.g. Lum & Lightfoot, 2005), and political participation (e.g. Walker, 2006). No claim should be made that the topics mentioned in this chapter are applicable to every older person. The goal of this chapter was to provide some concrete examples of how older adults continue to experience meaningful growth as well as loss. Looking closer at these late life roles and developments may inspire older individuals themselves to understand and appreciate their own potential.

For older adults, retaining a feeling of usefulness and social duty may be particularly important, given the possibility of retirement, diminishing social networks, and increased disability. I argue that new perspectives on knowledge, relationships, creativity, and time are ways for older adults to continue to lead productive and valued lives. Erikson (1959) claimed that adulthood is often marked by the desire to establish and guide future generations. Although his concept of generativity has been generally applied to raising and nurturing children in middle adulthood (e.g. empoyment and parenting), Erikson also allowed for a broader definition of generative behavior, which might include creativity, wisdom-exchange and other community building activities. Interestingly, Erickson did not identify generativity as the primary psychosocial

concern in older adulthood. However, it is clear that continued involvement and productivity in life is vitally important to well-being for older individuals.

In the next section, I will discuss how generativity might be nurtured across the lifespan. I will address the implications of the first four chapters for the engagement and treatment of older people. What is the role of psychology in changing perceptions of older adults? How can psychologists help older adults to maximize their strengths and cope with their deficits?

Chapter 5

Implications and Conclusions

In the previous chapters, I have tried to expose some of the inadequacies of the deficit model of aging. I have also tried to demonstrate that there are multiple domains in which older adults can achieve personal fulfillment and serve the broader community. In this chapter, I will discuss how the theoretical and empirical research provided throughout this paper can be used to create an environment that appreciates older adulthood and maximizes the strengths that this segment of the population has to offer.

Breaking the Stereotype Cycle

As we have seen in empirical research from Chapter 2, the development and utilization of new paradigms about aging will lead to higher self-efficacy and psychological well-being. Not only will older adults lead more fulfilling lives, they will also perform better in some cognitive domains that are affected by aging, including memory performance. The positive consequences of this reconstruction are clear. As there are a variety of ways in which aging stereotypes are perpetuated, a multi-contextual approach is necessary to deconstruct these misconceptions. The empowerment of the older population can occur by engaging individuals, groups, communities, and societies.

An important way of combating ageist stereotypes is developing awareness through education. Often the psychological impact of ageist remarks is not fully understood. The use of stereotype-driven phrases, such as "I'm just

having a senior moment" or "He's over the hill," should be recognized as illustrations of ageist language (Nussbaum, Pitts, Huber, Krieger, Ohs, 2005). It may be easy to forget this reality, given that older adults themselves seem to use ageist language more than any other segment of the population. This is not surprising, however, given that ageism is not a phenomenon reserved for younger adults. Recognition of ageism should help to guide the choices that we make in conversations with older adults. For example, when interacting with a number of older adults (e.g. in a residence home), it may be very important to modify the ways that we talk to each individual. Often it is assumed that every older person has the same level of functional or sensory disability. Such a mindset can lead to over-accommodation with some individuals, which may reinforce ageist stereotypes and cause a loss of well-being.

Education can also be used to inform the general public about the realities of cognition and aging. The discussion of memory is too often simplified. The goal of education should be to provide older individuals and younger members of society with a more accurate understanding of the types of cognitive processing that have been shown to decrease with age. In the case of memory, older adults may benefit from knowing the distinction between working memory and long-term memory (Floyd & Scogin, 1997). Understanding the complexity of cognitive loss may also help to counteract double standards and snap judgments and double standards often made about cognitive errors.

Classes held at community centers, places of worship and assisted living homes can teach older adults scientific facts about memory and effective coping methods. Empowerment through education may encourage this group to develop

helpful and focused coping methods (e.g., taking notes) or lifestyle choices (e.g., not worrying about memory slips so much). Increased understanding may also help families, friends and care providers to build a more multi-faceted perspective on the cognitive and physical deficits that they are exposed to. In addition, individual and group counseling may be useful in certain settings. Most importantly, understanding the limits of cognitive loss will help to allow every individual to focus on the strengths of the aging mind and body.

Another way to stop the stereotype cycle is by helping older adults nurture their own independence. Baltes and Wahl (1996) have claimed that older adults, particularly those in nursing homes, are often over-helped and given more attention when showing signs of dependence. Therefore, dependence among older nursing home residents is unknowingly reinforced. Supporting independence must be as much of a priority as supporting dependence. Although there are certain tasks that are difficult in later life, older adults have also been shown to be highly adaptive. Encouraging independence can be enacted at an interpersonal level by letting older individuals make their own choices and attempt various tasks that might initially seem to others to be beyond their physical and mental capacity.

Questions regarding independence in later life can be extremely complicated. How do individuals and families know what services are needed at what time? Is there a point at which an older individual is no longer able to make the right choices for him/herself? How does one balance independence, well-being, physical safety, and healthcare costs? Sometimes it takes a step in the direction of dependence in order to live a more independent life. For example, older adults who concede to wear a medical alert bracelet allow their families an

increased level of comfort and ultimately make older individuals themselves feel empowered. In general, keeping individuals involved in the decisions that are made about their lives should be a primary concern. Yet, well-meaning relatives will warn that this is easier said than done at times. Perhaps the key is to constantly strive for interpersonal support and community involvement that allows for independence and meaningful interdependence.

At a sociopolitical level, legislation can be used to help provide older adults with the social support that enables them to live within their own residence for as long as possible. Nurturing independence does not always need to be a full-time job. Often a short, daily home visit can allow an older individual to live independently for many more years. The nursing home system can also be built so that it serves a variety of independence needs, from community-dwelling home owners to bed-bound individuals. For example, organizations might offer a nursing care facility, assisted living apartments, and scheduled home visits as part of a multi-dimensional approach.

Television has been a well-documented source of ageism for 20 years and is essentially unregulated and market driven (Davis, 1984). It is perhaps more feasible and educational to make individuals (old and young) more aware of the stereotypical images that they see on television everyday than it is to change television's content. Television is often particularly important for many older adults, especially those with limited mobility. Donlon, Ashman, and Levy (2005) noted that older adults who participated in an education-based intervention to raise awareness of ageist depictions on television reported a better understanding and increased resistance to ageist stereotypes. Popular media creates and reacts to

social attitudes simultaneously. Therefore, changing cultural perspectives on aging will undoubtedly affect what is seen when we press the remote or open a magazine.

The field of psychology itself must also make some important modifications in its approach to aging. Primarily, psychologists (particularly those working on issues of aging and cognition) should be sensitive to the pervasive ageist stereotypes within their own culture. A continued effort must be made to provide research that focuses on strengths as a means of balancing the deficit-based literature that already exists. To some extent these changes are already underway, as evidence by the work cited in this paper and the growing popularity of positive psychology. We will undoubtedly see more newspaper articles, magazines, and popular media programs aimed at older adults as the population of older adults grows. It is up to psychology to provide responsible research that offers meaningful analysis and tangible solutions.

Promoting Generativity

How can we build a new conceptualization of older adulthood? There are a wide variety of domains in which older adults optimize their lives and provide important roles within the family and community (see previous chapter). In this section, I will discuss how generativity can be promoted in interpersonal, sociopolitical, and intrapersonal contexts.

Older adults often find mutually valuable roles within the family system. Elders who are living with a partner may be able to gain comfort in supporting their partner. However, as individuals lose a life partner, grief is also

accompanied by the reevaluation of social roles. Examples of generative behavior within a broader family context might also include exchanging practical knowledge with other generations, caring for young children, or sharing family stories. Continued engagement within the family can ease the pain of lost primary relationships and develop valuable new bonds.

As people advance into the later stages of life, some level of dependence may be unavoidable. Feelings of personal frustration and guilt often mark caregiving relationships that are not mutually reciprocal, and are instead driven by deficit-oriented needs. It is vitally important to find ways to encourage exchange and interchange so that older adults feel like their lives continue to have value. Brown, Nesse, Vinokur, and Smith (2003) found that older adults who give support were more likely to live longer and happier lives than older adults who simply receive support. Reciprocity between members of a family may be a complicated blend of instrumental, emotional, and spiritual support. Being able to recognize situations in which older adults are able to provide a uniquely valued perspective or skill is sometimes difficult. Yet, the opportunity to recognize such situations is made practically impossible when a deficit-oriented perspective primes us to leave the strengths of aging unnoticed.

Older adults also provide valuable voices within the sociopolitical environment. Although many older adults retire from formal work in their later lives, many individuals see retirement as an opportunity for increased social involvement and volunteerism. Social involvement can lead to increased social networks and the feeling that one is serving an important role in society. Many older adults are also highly politically involved at a national and international

level (Walker, 2006). Services to facilitate sociopolitical involvement should be made accessible. For example, organizations might provide transportation resources so that older adults are able to have access to community organizations and political functions. Assisted living residences should also provide services that help residents feel useful within their living environment and in the surrounding community. Interested residents must be able to take part in the political system and decision making process of the place in which they are living. The skills developed through a life of work have often been under-recognized and underutilized.

For some individuals, there is a drive to creatively express oneself at the end of one's life. This may be done in a private context, which might nurture introspection. However for other older adults, creative behavior may lead to stronger social networks of support (Cohen, 2002). A woman who paints in her 80's may develop relationships with other artists by taking classes or exhibiting her work. A man who expresses himself by nourishing a beautiful garden may feel more inclined to invite friends and family over to share in the new tomato crop. The products of creativity in later life may be passed on to grateful families and enrich the community for generations.

Reaching out to others and reaching in to oneself in the later years could be made easier by having access to resources of all kinds, especially when mobility becomes limited. In a computerized world, trying to keep in touch without up to date tools is not easy. An argument can be made that older adults are in as much or greater need of computers as other segments of the population. Computers may be able to link older individuals more effectively with younger generations, with

peers who share their interests, with the information on their passions, and with community resources that can enrich and support their lives. Older adults have been typically considered "too old" to participate in the digital revolution. However, community or corporate programs could facilitate the use of computers by providing low cost and highly usable machines for older individuals. Schools might also partner with elder care centers to provide year long assistance and connect computer savvy youth with older members of the community.

Perhaps, older individuals retain a sense of personal value through a combination of the intrapersonal, interpersonal, and sociopolitical. It is the role of medicine to keep us living as long as we can, however such a model does not mean that older adults will have lives that are worth living. With a broad view of generativity, we can understand and utilize the many ways that older adults continue to provide valuable services for themselves and their community.

Final Thoughts

Continued interest in an alternative to the deficit model is going to be important to empower older adults. It is necessary that the study of aging continue to take into account sociocultural analysis and view the person within a broad context. Research must also play a more direct role in identifying strengths of older adulthood that can be optimized. Painting a more multi-dimensional representation of older adulthood is mutually beneficial for all age groups. We are all eligible for membership when it comes to older adulthood. Therefore, creating a society that recognizes the value of this stage of life is likely to have a direct impact on everyone. Younger generations will suffer as much from a deficit

model as older individuals because they are deprived of the services that older adults provide for the whole population.

Future analysis should also provide an increased focus on cross-cultural comparison. As we have seen, it may not be the aging process itself that threatens well-being in later life, but rather ageing attitudes. Cross-cultural studies have provided meaningful information in order to test this assumption (e.g. Levy & Larger). However, rarely have researchers used different cultural models to design interventions and reconstruct ageist attitudes. This work is has been primarily U.S. focused and there is no doubt that there are significant differences between the U.S. national population and other societies and subcultures that value and treasure older adults within the community. This research has also not included a substantive dialogue regarding other factors that interact with aging including gender, religious affiliation, and socioeconomic status. Such variables are likely to show interesting variation between attitudes towards older adults and the experience of older individuals. Older adults who are already part of another stigmatized social group may experience the compounding effects of prejudice and discrimination. In addition, independence and leisure in the later stages of life may be a luxury that only some older adults can afford.

Even if this paper does not provide an irrefutable argument against the use of the deficit model of aging, the research presented should start a new dialogue around issues of prejudice and social construction with respect to aging. Including the voices of older adults themselves in this dialogue should serve to produce fresh ideas and future research.

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