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**Geriatric Psychology: Using Program and Curriculum Development as a Method of
Synthesizing and Assessing Best Practices in Improving Psychological Outcomes for Senior
Populations**

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Abstract

This project on geriatric psychology and improving psychological outcomes in elderly populations uses curriculum/program development to synthesize best practices. Chapter One reviews literature concerning and informing intergenerational friendships, concluding that intergenerational friendships present a novel opportunity to ease some social/cognitive concerns around aging. A program facilitating intergenerational relationships within communities is proposed. Chapter Two conducts a broader study of geriatric psychology in order to develop a 14 week course curriculum that provides an introduction to the field and asks students to apply literature-informed methods to more fully understand and connect with this growing population and their unique needs.

Chapter One

Impact of Intergenerational Relationships: Aiding Cognition and Wellness in the Elderly, Combating Ageism, and Improving Intergenerational Social Networks

Introduction

Perhaps because of their scarcity, intergenerational relationships are understudied and poorly understood within the field of psychology (O'Dare et al. 2019). Given the research available about strong social connections being very beneficial for wellness and cognition (Ajrouch et al. 2023, Skropeta et al. 2017, Phillipson 1997), the idea of creating and maintaining strong relationships between people of different generations holds great promise. What practices to this effect exist, and what interventions have been attempted to create and sustain these kinds of relationships? Where do they fail, where do they succeed, and how can they be improved? To better understand and inform possible answers to these questions, I will first look at friendship and interpersonal relationships as psychological concepts, and discuss them as important conduits for social and cognitive wellness across the lifespan. To understand why friendship and its benefits are difficult to encourage between generations, I will then consider possible reasons for the dearth in both real intergenerational relationships and scholarship about them, including studies of ageism, homophily, and communication issues. I will discuss relationships the elderly participate in that have been more widely documented, including interfamilial relationships. Finally, I will look at existing research on intergenerational relationships and their unique advantages to all parties, focusing on existing interventions to create and encourage them, and use this information to consider and recommend possibilities for the expansion of this work. I

conclude by proposing a program for intergenerational volunteer work that centers genuinely intergenerational spaces and shared interests.

Loneliness and Cognitive Decline in the Elderly

Loneliness is a well documented predictor of poor mental and physical health outcomes in humans of all ages. From infants to the elderly, it can affect an extraordinary range of psychological outcomes, including healthy brain development (Hildyard and Wolfe 2002), and depression (Hagerty et al., 1999). Loneliness is also associated with a variety of measurable physical health outcomes, including blood pressure and sleep quality (Cacioppo et al. 2002). The elderly are especially vulnerable to loneliness following common/inevitable experiences associated with growing older. These include loss of friends or spouses to death, loss of social experiences to retirement, limited novel stimulation due to declining mobility and greater time spent in the home, and limits ageism places on the ability to participate in the widest variety of social experiences possible. Loneliness in the elderly is also a predictor of mortality, given the understanding that it has a negative impact on immune responses and ability to cope with somatic stressors. It also accelerates symptoms of cognitive decline, namely memory and responsiveness (Luanaigh et al., 2008).

Friendship and Alzheimer's/Dementia

One of the most profound observations in social psychology on healthy aging is the impact of socialization on cognitively degenerative conditions like Alzheimer's and other forms of dementia. Alzheimer's disease, the most common form of dementia, is a neurodegenerative disease greatly impacting memory and awareness. It is heterogeneous in onset and presents in hereditary and sporadic types. It is one of the most urgent concerns in geriatric psychology, given its severe impact on a person's selfhood and quality of life. Progress is being made to

understand and diagnose Alzheimer's, and to palliatively treat it through chemical interventions that ease the impact of the disease on the brain as it progresses, but there is no actual cure. Given that, preventative measures are often cited to decrease the impact of the disease over the lifespan (Blennow et al., 2006). These include physical processes, like dietary and lifestyle choices, but often propose social activity throughout life, and specifically into old age, as a method of staving off onset.

Balouch et al. (2019) look at the impact of social relationships on Alzheimer's and other forms of dementia in a study in which low grade AD (Alzheimer's Disease) patients were surveyed for perceived and actual loneliness via measures of reported social networks and reported feelings of loneliness, and assessed for functional cognition and the presence and severity of dementia symptoms. They used a measure of depression developed specifically for AD patients, the Cornell Scale. They found that those with stronger social networks experienced greater cognitive success, and that the interactions which were most beneficial were those outside of the family. They did not find the same cognitive improvement in those socializing with family support networks alone (Balouch et al., 2019). The implications of this study are compelling, considering family is often primary caregivers and social support for the elderly. This supports interrogation of whether traditional care models and social conventions are as successful as they could be— healthy family relationships are deeply important, but given the relationship between thriving friendships and cognition in those with AD, it appears that more creative approaches to elder care and socialization could be beneficial, as some of the most frightening aspects of aging are weighed and treated.

Friendship and Socialization Across the Lifespan

Friendship as a psychological variable is difficult to define. Much of the available literature depends on self reporting on variables like “perceived intimacy”, or length of relationship to qualitatively measure closeness of a relationship or friendship and the associated positive effects. Otherwise, it is often studied as a subset of socialization; as the structure and availability of social experiences to an individual. With this in mind, this section seeks to discuss broader psychological and wellness benefits of friendship and fulfilling social experiences, emphasizing how they are known to be created and maintained.

Friendship and Socialization on Cognitive and Physical Well-Being

Friendship and a healthy social life are a powerful predictor of psychological well-being. Consistent with this, rich and long term friendships are also reported as being significant to an individual's long term health, with childhood friendships maintained over a lifetime being linked with health issues in middle age– those without reported worse health outcomes (Ajrouch et al., 2023).

As I contextualize the problem of intergenerational relationships, note there has been increased interest in the conscious relationship building with people different from oneself across traits like race, gender, and age. This is attributed to cultural trends towards attitudes of acceptance and resistance to stereotyping (Phillipson, 1997). While there is not yet a lot of research on this, nor on how it will affect friendship research and outcomes, this paper includes a significant discussion of people's instinct to socialize with people perceived as similar to them. Thus, it is helpful to note that comments have been made that encourage the increased acceptance of intergenerational relationships in cultural trends.

Friendship as a Moderator for Unconventional Family Structures

Many elderly people find themselves in the direct care of their spouses or children. These relationships could involve high intensity care work, or simply fulfill social support roles. However, any number of circumstances, from childlessness to widowing, can erase the feeling of support and community that we assume family will provide in old age. Here, friendship takes a very functional role—allowing people to find comfort in the knowledge that they will be supported and cared for if/when they need it. In a case study by Aday et al. (2006), elderly women who lived alone reported on friendships made at a local senior center, and the level of support they felt in them. The women saw each other on a regular basis, one positive result of an intentional community intervention (the senior center). They reported that they felt high levels of support from the friends they made there. They felt comfortable reaching out to their senior center friends for help, and trusted they would receive it. Additionally, women who went to the senior center said they would or did see their friends outside of senior center activities, and that since joining the senior center, they felt more hopeful about the future, laughed more, and felt less depression. Some women specifically identified their participation at the center as a conscious strategy to stave off loneliness or isolation (Aday et al., 2006). These effects are encouraging when considering the effectiveness of intentional interventions to encourage relationship building, and the possibilities friendship has to soothe loneliness and build structures of tangible support which are difficult to replicate outside of the family.

Inhibitors to Intergenerational Relationships

Despite the understanding we have about the detriments of loneliness, with the elderly as a particularly vulnerable population, and the importance of social experiences and friendship across the lifespan, we know little about the intergenerational dimension of these experiences. In part, this is because they are few and far between, for a number of reasons. Social contact tends

to loosely stratify across age groups— school, work and retirement, and associated interests and experiences determine much of how we spend our time. But there are also significant perceived and real internalized variables that influence the scarcity of these relationships. In this section I will discuss a few inhibitors to intergenerational relationships, namely: ageism and its effects, problems with healthy communication, and generational differences. I emphasize the idea of homophily to give context about which types of friendships people are most and least comfortable seeking out and building. I also offer some remedies or arguments against the prevalence of these concerns in good-faith relationship seeking efforts, but do not wish to invalidate the reality of these issues.

Ageism

When the concept of Ageism was introduced in 1969 by Robert Butler, it was defined broadly as negative attitudes towards older adults, and addressed implicit fears in younger adults of growing old and the process of physical and cognitive decline (Levy et al., 2016). This makes it a unique form of discrimination and stereotyping, given the perpetrator will eventually become the vulnerable population. As will be explored in this section, this is compelling when considering the potential of intergenerational relationships. Acknowledging meaning and vitality through the lifespan, and increasing contact between younger adults and the elderly could create transparency around the positive and negative aspects of aging that could soothe fears in younger adults, in turn helping combat some of these attitudes. However, at present, they remain of concern, perhaps even more so given Levy and colleagues' assertion that the global population of “elderly citizens” continues to grow, as life expectancy increases.

Literature on ageism defines it as either benign or malignant. Benign ageism refers to young people's implicit belief that the elderly are forgetful, incompetent, ill, and unattractive.

Malignant ageism refers to the discriminatory process barring the elderly from fully participating in conventional society, most often studied in the workforce and the reluctance of employers to hire people they define as old (North et al., 2013). For my purposes, I integrate these definitions and consider the discriminatory processes as a function of implicit bias.

Ageism tends to be most espoused by younger populations, with some variation across race that is sometimes correlated with different cultural attitudes relating to deference towards the elderly, or heightened perception of qualities like wisdom and experience (North et al., 2013).

Beyond fear of aging, perceived competitions for resources between the young and the elderly have been proposed as a reason for the proliferation of ageism. As longer lifespans allow people to remain in the workforce for longer, and have longer retirements, institutions like social security, or the availability of work and ability to succeed in a field, are a few sources of competition that are thought to cause resentment (Levy et al., 2016).

Thinking about how the young perceive the elderly, and why they avoid intergenerational relationships, can be informed by looking at qualities conducive to relationship building. One issue ageism perpetuates is the infantilization of the elderly, and the belief that they require an untenable amount of care, or are not capable of serious, “modern” relationships. Social acceptance is important for decreasing feelings of loneliness that are deeply damaging to one's mental health and cognitive abilities (Tornello et al., 2016), so combating ageism is of great importance when trying to aid communities that have been isolated.

Homophily and Conventional Friendship Building

To discuss qualities that are harmful or helpful to relationship building, and their significance in understanding intergenerational relationships, a significant factor to understand is

the idea of “homophily,” one of the most documented ideas in this field. Homophily is defined as the tendency for people to choose friends who have strong similarities to themselves across key identifiers like gender, age, race, class, and level of achieved education (O’Dare et al., 2019).

Homophily as an inhibitor to intergenerational relationships is in part imposed by societal conventions, as age groups are often separated by their social and work options.

However, similarity seeking that develops as a response to natural exposure and convenience in day to day life is only half of the problem. Homophily also occurs as a result of the perception of irreconcilable differences between generations that bar emotional intimacy or vulnerability between friends or acquaintances. Encouraging intergenerational relationships is thus predicated on encouraging the perception of sameness in qualities other than age, and reducing the perception of age as a significant contributor to a person's potential for closeness (O’Dare et al., 2023).

Communication

A much more pragmatic inhibitor to intergenerational relationships is communication. Miscommunication between generations is a commonly cited issue, whether due directly to malicious or ageist feelings, or from differences in values or styles of speech. Younger people associate communication with the elderly with patronization and infantilization, even in interactions where that was not the intention (Williams et al., 1997).

Another factor of healthy communication is contact seeking— whether people are willing to “come to the table.” Giles et al. (2008) gets into this idea in a study on differences in perception of conversation between older and younger participants, finding young people score high on the avoidance variable when asked about interacting with the elderly. This was much less the case for the middle aged. They found that this relationship was inverted with perceived

respect— young people were avoidant but respectful of their elders, a phenomenon attributed to established cultural emphasis of deference towards elders. This adds nuance to the ageism problem, which creates discomfort in turning that respect into actual relationships or support seeking- we understand better through this work that discomfort with the elderly is not inevitable.

Intergenerational Relationships In the Family

While this paper is not primarily interested in interfamilial relationships, within the body of research done on intergenerational relationships, the great majority concerns the family. Care roles between elderly parents and their adult children, and grandparent-grandchild relationships are the most prevalent. Given the relative dearth in information on intergenerational interaction outside of the family, I looked to this literature to contextualize and enrich more directly relevant work. This was particularly helpful because, of existing interventions to encourage intergenerational relationships outside of the family, many invoke familial relationships and frameworks, particularly in their integration of the very young with the very old. References to grandparents, for example, are often used to develop comfort with these efforts.

Filial Relationships

By far the most diversely studied interaction between generations is parent-child, or filial, relationships. These relationships often centred around caretaking, or otherwise concern some type of burden sharing, namely financial (Lee et al., 1994). One of the most important things to note, for my purposes, is that these relationships, and the subsequent availability of the literature, are often predicated on social norms and familial expectations of care. This is not the case for intergenerational friendships, which are not “normed” culturally.

Given the relatively conventional expectation that adult children will assume some level of responsibility for their adult parents as they develop the need, much work in the field describes the effect of this responsibility on the child, how it influences the perception of the relationship, and what factors make it a positive shift. These studies typically account for gender differences in their frameworks, given the much greater filial responsibility typically taken by daughters. One study performed by Hwang et al. (2022) looks at intergenerational solidarity and its effect on filial care for aging parents. Intergenerational solidarity is defined as “the various ways in which social cohesion is maintained between family members of different generations as represented by emotional, behavioral, structural, and normative forms of connectedness” (pg 558). They found that, especially for women, higher reports of perceived intergenerational connectedness were associated with more productive experiences of filial care. Intergenerational filial support has also been shown to have benefits for the cognitive health of the elderly, and this is especially true when the support flowed both ways. While it is good and practical for children to take care of aging parents, in terms of cognitive success, it is equally important for parents to continue to support their children (Sharifi et al., 2023). This is an encouraging framework to inform relationships outside of the family. We have discussed the ways in which people of different ages do not feel supported, respected, or connected to one another, but we also know that this respect and closeness occurs within families, and that mutual support is beneficial, helping frame ageism as a surmountable barrier within intergenerational friendship studies.

Grandparent-Grandchild Relationships

Grandparents relationships with their grandchildren is of special interest to this work, given that they are less predicated on responsibility, and more on joy, as in a friendship or acquaintanceship— typically, the grandparent is not the person primarily responsible for the child,

and the grandchild will not grow old enough during the grandparent's life to be primarily responsible for their elder care. They also inform some of the programs discussed towards the end of this paper to encourage intergenerational relationships (Dunkle et al., 2008., Skropeta et al., 2014), and inform how people interact with and perceive elderly people in their lives.

Grandparents as caregivers to grandchildren has become a topic of increased interest and relevance as lifespans lengthen. The number of "able" caregiving years has increased, and more working mothers require greater support beyond the nuclear family. While this has obvious benefits for the children and parents—more capable caregivers within the trusted family circle means ease of demand on parents—it also has interesting implications for the health and well-being of those doing the caring: in this instance, grandparents. A study published in 2019, done over 22 years, looked at outcomes for German grandparents taking on significant care roles, who form closer relationships by having more interactions with their grandchildren. As has been discussed earlier in this paper, diverse and frequent social contact is beneficial for the elderly, who may find themselves isolated. Analogous to this, they found that closeness to their grandchildren, and to their daily lives, greatly increased the expanse and diversity/novelty of their social network and experiences, as they met adults and children on the periphery of their grandchild's life. Those who have a more significant role in a child's life experience improved physiological wellness, specifically in the social sphere; loneliness and feelings of isolation were greatly reduced as a result of the responsibility (Quirke et al., 2019). They stipulated that it could be taken too far, however, when the role was viewed as a great burden, or obligation, it could prevent the elderly from engaging with other enriching and beneficial aspects of their lives, like personal interests and peer-to-peer relationships. However, overall, the implications of the study are encouraging in building cross generational contact; particularly, the idea that fostering one

relationship leads to other, if minor, interactions and relationships that are enjoyable and healthy for individuals and communities.

Studying grandparent-grandchild relationships emphasizes and builds on the importance of interfamilial support beyond caregiving. Tornello and Patterson (2016) studied LGBT grandparents, and how their relationships with their grandchildren can be affirming and beneficial to mental health and well-being. While the idea of familial support of gender and sexuality is often limited to or stereotyped as being “top down”—older generations to younger—this study emphasizes that the reverse is just as important, and helps to ease negative effects of their experiences earlier in life. Regardless of how their adult children felt about their sexuality, LGBT grandparents found that having a close relationship with their grandchildren was deeply tied to a reported healthy social network, which was significant for positive mental health outcomes. LGBT grandparents are part of at least two vulnerable communities, and this is compelling evidence for intergenerational relationships and their ability to foster stronger families and communities.

Intergenerational Relationships Outside The Family

Having now provided a background on the elderly and a variety of the more conventional relationships they participate in, the primary topic, intergenerational relationships outside of the family, becomes relevant. While this is an understudied field with less information available than the more conventional family relationships, or between peer friendships, the information that exists is encouraging, and is buoyed by previously discussed elements of social psychology and mental well-being.

To combat the idea that age homophily is an insurmountable barrier to successful intergenerational friendship, and to break from the relative abundance of literature in their field

concerning it, O'Dare et al. (2019) conducted a review of participant's intergenerational friendships, and success with them, that attempts to understand how age and closeness were constructed to different effect. They emphasize that given the varied experiences of old age, it is unhelpful to make hard classifications between the old and young, and doing so only empowers what these studies are attempting to combat. The framework they develop thinks of age as not only a chronological number, but as a spectrum of self understanding— those who were successful report fewer differences in their life in old age versus youth. They continue to do the things they have always enjoyed, putting off retirement or volunteering. This helps maintain a sense of optimism and opportunity, and combats some of the negative aspects of aging, like issues with self efficacy and social participation, or fear and disgust around their age or aging. This framework attempts to combat stereotypes around aging, and to help the elderly escape being, as O'Dare et al. call it, “just the old fogey”. Of course, this framework is slightly limited to healthier, more able elderly people, but that is not exclusively the case.

One of the most important elements of intergenerational friendship as a positive force for mental wellness is that it is a powerful predictor of experienced novelty and social diversity. While intergenerational relationships within the family are beneficial and admirable, the family tends to be a predictable and consistent sphere for most people. This is also true, though to a lesser degree, of same age friendships. Intergenerational friendships uniquely provide novel social experiences via the chance to hear from someone in a different part of life than oneself, which people report being enriching and interesting. Intergenerational friends also report, when participating in strong and healthy friendships, that they feel less pressure in the friendship to “fit in”, or otherwise be impressive in their presentation, because a big part of the foundation of their friendship was their differences. Friends also reported that these relationships were comforting in

terms of feeling socially and materially supported in the event of a crisis or vulnerability, an experience important for both the old and the young to feel safe within their social networks and lives (Korkiamäki et al., 2021).

One important aside to this topic is intergenerational relationships, and relationship building within marginalized communities. This is mainly relevant in communities for whom assumed support or shared lived experiences between family members are less available. Many in the LGBT community, for example, use close relationships outside of the family to strengthen their social support systems and affirm identity. Intergenerational relationships can be an especially compelling form of this, given the potential for mentorship and optimism about life outcomes.

In the section “Grandparent and Grandchild Relationships”, the topic of elderly LGBT people was discussed, and emphasized importance was placed on close, affirming relationships in the mental health space. However, for those who do not have supportive or present families, friendships and mentorships provide similar benefits. Westrate et al. (2023) discuss how LGBTQ people tend to miss out on the psychological benefits of community, given the historical censorship and discrimination they have faced. This article leans on previously discussed concepts of homophily and identity sharing, attempting to understand the importance of intergenerational relationships and storytelling based on the perceived frequency, and reported impact had on the participants community. The stories were shown to create closeness and affirmation that was at the very least comforting for participants.

This study has a number of connections to the broader study of intergenerational relationships. Significantly, storytelling and intentional conversation are very low impact and adaptable mediums. Unlike going to a senior center, or participating in the day to day life of a

grandchild, this is something that can be done between people who are, for instance, bedridden, mobility impaired, or who live far from family or without access to relevant community spaces. Real world applications could be implemented online, by letter, or over the phone, and may frame the elderly as active participants in the community, both at present and earlier in life.

Programs and Studies Fostering Intergenerational Relationships

As scholarship around intergenerational relationships and the social lives and needs of the elderly expands, efforts have been made to encourage the development of intergenerational contact and socialization. They demonstrate interest in community building, combating ageism, maximizing resources, and meeting a culture's interest in diversifying their social circles. Reading through some existing interventions and their inspirations, patterns from other facets of the elderly's social experiences, namely interfamilial or platonic relationships, emerge. This helps guide a longer conversation about other, optimized interventions and intentions in the field. These programs have worked to connect the elderly with a wide range of companions, including preschoolers, volunteers, and college students. These interventions differ in their intention. Some are more specifically for the benefit of the old and their social and cognitive experiences, and others focus on educating young people about aging and discouraging stereotyping.

Intergenerational Spaces: Preschools and Community Centers

One of the most popular ways to promote intergenerational relationships is through mixed use programs in existing gathering spaces. Preschools and playgroups have been found to be a particularly adaptable environment for this purpose, given the curriculum tends to be more flexible, and new experiences are welcomed as enriching for children. These interventions model themselves, understandably, after grandparent-grandchild interactions, with some of the participants being actually related to one another.

Skropeta et al. (2023) looked at the placement of a children's playgroup within a variety of different senior living centers. The centers provided a range of care levels, with some being independent living communities, and others providing intensive care. There was also significant diversity in the cognitive ability of the elderly participants, with only 15% reporting no cognitive dementia. Participants were interviewed on their experience interacting with the playgroups, which involved a variety of activities, including finger painting, baking, and purchasing and providing toys for the younger participants. They found that participant's health remained stable through the six month observation period, with some reporting decline in energy, and concluded that the playgroup helped create a healthy feeling of being needed in the elderly. This emphasizes the dignity that these types of programs foster, and even though they did not see cognitive improvement, day to day happiness and satisfaction were improved, and the program was able to help an underutilized population (the elderly) improve the lives of overworked caregivers and parents.

Similarly, Lu et al. (2018) performed a meta-analysis on 13 articles studying results of intergenerational programs on older individuals in care centers and found that while these programs did not have a significant effect on depression, they did improve reported pleasure at life, and reduced behavioral disengagement. Behaviors like zoning out, falling asleep during activities, or leaving activities decreased. This result has positive implications for healthy and helpful brain activity for dementia patients, like working memory and slow visual response. Actual cognitive ability was not studied here, but comorbid symptoms were (Lu et al., 2018). Overall, they found that these programs were significant for quality of life, combating more holistic concerns for dementia patients, like burden on caregivers and repetitiveness in daily life.

While these programs are charming, providing novelty in experience, affirming usefulness of the elderly, and increasing the experienced support beneficial to the very young, the relationships are presumably limited by the extreme youth of the preschoolers participating. Due to conventions around friendship and intimacy, and concepts like homophily and perceived similarity between friends, it is very likely that, while enriching, the relationships established within these programs are not akin to a full friendship, being more similar to caretaking roles. While these programs benefit from the familiarity of that dynamic and the relative ease with which they may be established, they do not necessarily fulfill the full benefits of an intergenerational friendship between adults.

Adopt a Grandparent Programs

Similar to the integrated daycares, the grandparent as a model for intergenerational relationship has extended to a number of “Adopt a Grandparent” programs, which seek to connect lonely elderly people with someone to provide care and mentorship for. This could moderate weak or nonexistent relationships with grandchildren. While these programs exist in a number of spaces, typically some kind of school, little research has been done to support their helpfulness, or shed light on why people choose to participate, and stay with the program.

One of the few studies done about this approach discusses how children at grade school age responded to a program of this type being implemented in their after school programming. Elderly participants were recruited from an independent living community, and a day program for individuals with mild to moderate cognitive impairment. Young participants (most age nine) were recruited from a local elementary school. The pairs participated, over the course of three years, in a number of activities designed to be appropriate for both age groups, engaging them in their individual and shared interests. They also celebrated holidays and milestones that

grandparents and grandchildren typically would. Younger participants, who were surveyed throughout the program, reported decreased feelings of confusion or fear around aging, and reported more optimism about the possibility of interacting with, being tolerated by, and enjoying the company of older people. Responses by their parents, reflecting on the child's experience, concurred.

The program was stimulating for the older participants, who reported increased activity and decreased loneliness in their day to day lives. They noted additional benefits of creating interracial pairs, and exposing children to different cultures. The results of the study focus the most on the children– the researchers note that this seemed important to the elderly, who identified the program's benefits as being more for the children than themselves, though they reported a positive experience and were sad to see it end (Dunkle et al., 2008).

That it was important for the elderly to see benefits to their partners is interesting to note when thinking about forming intergenerational relationships. It speaks to the continued importance of perceived self efficacy in this work. While these studies may not exclusively benefit the elderly, or produce miracles for declining cognition, many of them emphasize dignity, and the continued usefulness of people who no longer perceive themselves as in their prime. Moving forward, this is an interesting thing to consider– do these programs treat their participants like more than just patients? Within friendship building it is apparent that people want to feel needed, not catered to.

These programs face similar limitations to integrated preschools. They rely heavily on the standard of the family unit, and do not have comparable intimacy to adult friendships.

Trained Volunteer Interactions with the Elderly

The elderly as a vulnerable community have inspired the efforts of volunteer groups. These volunteers are trained to interact with them as a form of enrichment and fulfillment. These interventions identify the elderly as a vulnerable population that needs to be specially targeted.

One study, done in Cape Town, South Africa and titled *AgeWell*, trained volunteers to perform home visits that had social and wellness components. The population being served consisted of predominantly black and low income households. They were visited in weekly, biweekly, or monthly intervals depending on experimental groups, for a social call that consisted of a series of questions that allowed volunteers to connect them with medical services if necessary. They found that while the frequency of visits was irrelevant in outcome, all participants experienced an increase in self reported wellness scores, lower loneliness scores, and improved levels of physical activity, all of which are consistent predictors of better health and cognition. Some of the participants reported developing genuine friendships, and the study encourages intentionally connecting community members with elderly people who self identify as lonely, with their format having the additional benefit of connecting under-resourced people with local medical and social services (Geffen et al., 2019).

The volunteer model places the onus on younger, more privileged individuals to reach out to the more vulnerable. This is admirable in intention and outcome, though future projects could further discuss how these populations are defined and approached. This study specifically takes into account how those in otherwise under-resourced communities may feel the difficulties of aging harder, which is something that many of the other interventions studied do not go into depth on. It also emphasizes the home visit, which is rarer, and accounts for those who may not have access to a senior center, care facility, or school system to integrate themselves with. However, a lot of this work places emphasis on the poor health of participants. While this is

reasonable, it fails to connect with possible strengths. In terms of developing friendships, while there was some reported success, these interactions feel much more clinical. Returning to the idea of how people are served by a program, and how this does or does not successfully build relationships, these programs feel more like a step down from a nurse than a step towards a friend.

Online Programs

An increasingly interesting option as online communities progress and the elderly become more able and willing to use them, is virtual programs to connect the young and the old. Lytle et al. (2023) explore results produced by connecting undergraduate students with the elderly in online chatrooms, some of which revealed the participants age, and some of which did not. They employed the “fast friends” procedure, which attempts to stimulate a close relationship by asking participants a number of self disclosure questions, and having them perform relationship building tasks. They found that the interactions were helpful in combating ageism and anxiety around aging for younger participants, and that people in both age groups were able to have successful and meaningful conversations. While these were experimental conditions, and the authors were less concerned with mental health and cognitive outcomes than social ones, it is encouraging in implementing long term programs via creative methods, and opens up the possibility for technology to bypass some of the concerns around stunted communication and availability of social partners between generations.

Programs of this type have the potential to be much more accessible for individuals who have impaired mobility, or are otherwise less likely to leave the home to engage with the community. They also have a greater potential for more diverse interactions than one may be able to find in local communities, which is fantastic. However, they are unlikely to reach those

who are adverse to or uncomfortable with using these kinds of interfaces, and the relationships produced, given they are online, are more easily abandoned and less intimate, given the partners are less integrated into one another's lives.

Service Learning Programs

The last type of intervention to be discussed here are service learning programs, which allow mutual education on a variety of subjects, healthy aging and lifestyle being discussed here. These practices emphasize shared wisdom, and use intergenerational relationships primarily to soothe undergraduate (the younger participants) concerns about aging. In one study (Bartlett et al., 2022), researchers attempted to see how these programs function when they were structured differently. In one condition, the participants participated in a more rigorous learning program, *Lives Well Lived*, which included a film viewing on healthy aging and a structured discussion followed by intentional crafts and interviews. The second group participated in the *Lunch Bunch* program, which involved undergraduates visiting a senior center for a series of meals and casual conversation. The *Lives Well Lived* program participants were paired with an older partner with whom to go through the program, whereas *Lunch Bunch* participants were free to choose who they spoke with, and whether they kept consistent conversation partners. The participants were then evaluated on learning quality and perceptual changes of the elderly, and the possibility for intergenerational friendship.

The researchers found that those who worked within the intervention condition, *Lives Well Lived*, reported more success in developing meaningful friendships with their partner, and experienced greater optimism about the potential for intergenerational friendship. While both groups continued to recognize stereotypes about aging, those in the intervention group reported

greater comfort with the idea of aging, consistent with research about the positive influence of role models on optimistic outcome belief (Bartlett et al., 2022).

These programs are a unique way of, essentially, manufacturing belief in positive stereotypes about the elderly—namely, wisdom and mentorship. However, they remain quite limited to topics of aging, with the research being more interested in how to combat ageism in the young, than create positive experiences and wellness for both groups. We do not see individuals in these programs connect on mutual interests as individuals, but rather asked to focus on the very thing that may have kept them apart: aging and how it must be dealt with. Thus, they could theoretically reinforce age as a binary, and the most salient identity, which some frameworks or programs would discourage.

Intergenerational Partners for Communities

Having discussed the relevant variables and realities that inform our understanding of intergenerational relationships, I now propose an intervention that seeks to combat some of the most problematic issues or omissions with previously studied work. This program is designed to engage young people with the elderly in volunteer and community service tasks in ways that are meaningful, engaging, and cognitively stimulating.

To do this, I have identified several positive throughlines from existing interventions, and a few problem areas that should be rectified. The proposed plan should focus on reaching out to elderly people who are not specifically participating in a socially novel environment. In other words, it should not be solely run through a senior center or via grandchildren participating in school programs or day cares. It should seek to target a cognitively diverse population, to both extend the benefits of these relationships to people of diverse ability, and to increase visibility and education about end of life conditions in the young, and attempt to reduce fear or disgust

around them. It should emphasize and utilize strengths and areas of interest for both the young and old, and avoid centering aging as a primary topic, to emphasize friendship and respect building experiences of similarity and usefulness. Finally, it should provide the structure and consistency that proved important in many prior interventions to this point.

The Intergenerational Partners for Communities program is a volunteer work based program that works to meet these guidelines. Younger participants, as in the case of some prior efforts, would be largely recruited from local colleges, given the proliferation of volunteer programs on college campuses, though this program is not designed specifically for/to serve college students—volunteers could also be recruited from work sites, community centers, libraries, etc. Seniors would be recruited from local senior centers, living centers, and other places of likely common congregation, like medical or religious institutions. Meetings would be hosted at libraries, which, additionally, are a uniquely intergenerational space that seem to be underutilized by many of these programs, which counterintuitively tend to take place in locations that underscore the age difference between participants, like schools, or living centers. Libraries are also an ideal space for this program given that they frequently already host, or connect people with volunteering and community service opportunities.

The program would take place over the course of four months, with the group as a whole meeting once a month to guide programming and progress in the volunteer work and provide opportunities to share experiences and gain insight from the work done by other pairs. In the first meeting, participants would be paired up, with one young and one elderly person, defined by this program, as in most, as over the age of 65. The first meeting would focus on the pairs getting to know each other through structured and organic discussion intended to find points of common interest and possibilities for future work. As in the aforementioned study on service learning

groups, participants would be paired up from the start, which aims to improve camaraderie between participants, rather than depending on mingling and organic discussion. The goal of the first meeting is to find a common interest that the two could work on engaging within the community. This could be directly associated with the library, or outside of it. If pairs were interested, this could theoretically draw in a third generation, through work at a preschool or elementary school, or other children's programs for a truly multigenerational experience, though this would of course not be required.

Volunteering together is a way to provide structured activity for the partners that emphasizes self-efficacy and common goals as individuals and community members. The partners would be asked to volunteer on a roughly biweekly basis, depending on what they were doing and their availability. If the ability level required doing some kind of remote work, the partners should find a common space in which to do it together.

In the second meeting, the group would share a meal together, and have a more firmly structured discussion of the work they and their partner have decided to do. The goal of this would be to develop a shared sense of pride between the partners, and to increase visibility of the variety of ways in which the old and the young are able to serve the community together. Hopefully, the structured nature of this meeting would help avoid some of the barriers to good faith communication that occur between the old and the young.

The third and fourth meetings would focus on preparing for and presenting a short debrief on the volunteering they did, and their overall experience with the program. This portion of the program is meant to balance talks about personally fulfilling work through the volunteer site, and reflections about working with their younger/older partner. In previous efforts, they had success giving participants options to meaningfully reflect on their time spent in the program, allowing

them to vocalize what worked for them about their experience. This also provides a second mutual goal for the partners to bond over, and a celebratory moment for the group as a whole. After this fourth meeting, it is up to the partners to decide if they would like to keep volunteering with, or otherwise remaining in touch with, their different generation partner, or others from the group.

Anticipated Barriers

Anticipated barriers for this program concern partner retention and initial recruitment. To the point of partner retention, one person in a pair quitting the program, or becoming disengaged could be problematic for the success of the other. While participants are asked to make a commitment to the full length of the program, which is intended to be relatively long to give people the time to establish more close and meaningful relationships, it does increase the possibility that people's circumstances would change and that the program would become untenable or uninteresting to a participant. In this case, it could be possible for someone without a partner to add on to an existing pair to form a triad if they so choose, which would hopefully go smoother given the periodic group meetings where different partners could get to know one another and become familiar with each other's work.

Initial recruitment would be another difficulty, given the discussion of how young people tend to avoid unnecessary interactions with the elderly. As mentioned, this is best worked to minimize by recruiting from existing volunteer spaces, and college campuses, which both have populations with existing interest in community engagement and building.

Limitations and Directions for Future Work

While this study works to eliminate some of the limiting and minimizing aspects common to this kind of program, it is certainly not perfect. As in the case of intergenerational

programming, it is very likely that participants in the younger cohort would be college age students. Given the information presented here on interfamilial relationships, compared to interventions outside of the family, it is often the case that adults in middle age are focused on helping and engaging with their own aging family members, and caring for young children, and have less time or desire to further connect with the older generation. While this project does not focus on familial relationships, future work in this field could consider integrating families with one another within these kinds of programs, to create support within and outside of the family, and community around familial care. It is also true that these programs are limited to those who desire to participate in them, and learn about them, and the most vulnerable and lonely members of the community are very often missed by recruiting efforts. It will likely take work outside of community programming to rectify this. For example, improving training and standards in the medical field in screening for loneliness and social concerns, and actively encouraging patients to prioritize these issues. Additionally, while the program aims to meet people at their level of physical and cognitive ability, there are limits to what people are able– or comfortable and willing– to do. It is also likely that the younger participants who volunteer for this would be those already more likely to think highly of and interact with older people. It is virtually impossible to create a volunteer based program that engages and helps change the mind of people who have no interest in having these kinds of relationships.

Conclusion

While understanding of aging processes and conventions is improving, and the field has developed a strong understanding of the devastating effects of loneliness as a particularly concerning variable, intergenerational relationships outside of the family have been a neglected area in terms of their potential to enrich lives and communities. People are living longer, and

even into times of greater health struggles and cognitive decline, it is important to invest in joy and fulfillment. These ideas are critical for cognitive and self esteem and efficacy outcomes that are a meaningful part of an individual's experience of health. The intergenerational relationship provides opportunity for novelty and social stimulation that may not be available for many through more traditional models like the family, or senior care spaces. Working to integrate the old and the young through intentional community work is a strong option for working around identified barriers to intergenerational communication and friendship and encouraging cognitive and social wellness for the elderly.

Chapter Two

Long Lives: Developing an Introduction to Geriatric Psychology Course Syllabus

Long Lives, being a continuation of the Chapter One/Capstone project concerning intergenerational relationships, was born out of my developing interest in geriatric psychology and creative approaches to personal and community wellbeing. I was inspired by the research, academic and otherwise, that I have done throughout the last academic year, and moments from my own life and work which inspired personal investment and conviction in these processes. The driving force behind this project is joy. What I love about psychology, demonstrated especially well by geriatric psychology as a developing field, is how so many advances made communicate to me that human psychology responds beautifully to living full and involved lives through the very end. The purpose of developing a syllabus is to demonstrate that, with deference to the significant pains and challenges of this discipline.

Additionally, I wish to provide opportunities to critically analyze resources and efforts made at community and institutional levels, or within media, to understand if/how they function to provide, from a psychological perspective, optimal outcomes for the people they serve. Similarly, I hope that the provided materials will inspire reflection on a person's own relationships, family, or social networks, and how they perceive or interact with them. I think education should be personal, and that an education in psychology is in a unique position to provide opportunities for reflection, growth, and materials that inform a variety of professional or personal roles and decisions.

This project is very much meant to be a product of its time. A lot of what I encountered researching certain aspects of the field, and thinking about the course, concerned a dearth in available research and professionals in this discipline and related sub-disciplines. Though

research is accumulating, applying it, professionally or interpersonally, is difficult and somewhat rare. This may be due to lack of funding in the relevant institutions, maligned precedents and obstacles associated with changing practices, or ageist tendencies within professional institutions or personal relationships. I also believe that the COVID-19 pandemic is relevant to this field, given the specifically devastating toll it took on the elderly and spaces for social connection, and that we will not know the extent of its impact until we are many more years out, and have an actual body of work to draw upon.

To the point of topicality, much of the research here, as in the case of chapter one, is informed by families and family dynamics, which become of the utmost importance as people age into needing more rigorous care than in younger years. I would emphasize that, as in the study of intergenerational relationships, I believe that social, emotional, and tangible support networks can and should be variate. The goal of chapter one, and to some extent, of chapter two, is to illustrate this, and emphasize that in many instances, broader and more creative approaches to support networks like families, cohabitators, or community members can ease some of the stressors on “nuclear” family, or the closest caregivers. However, given the literature available, and the assumptions made by researchers and American culture, many of the readings provided below take a somewhat traditional approach in their consideration of support networks, particularly that of family. I encourage readers to consider the ethic of the course which will develop in challenging or building off of these texts through all topics, and particularly that of family, and cultural assumptions about whose “job” it is to support the elderly- I argue that this is a role that can and should be widely assumed.

Long Lives: Course Syllabus and Schedule

Course Description

This course is designed to introduce students to the field of geriatric psychology, also termed geropsychology, a specialty within psychology focused on understanding and treating mental health and psychological outcomes of older adults. This course will have a particular emphasis on strengths based approaches to healthy aging, the biopsychosocial model, and the impact of social development and community engagement as a predictor of healthy aging outcomes. Students will develop a familiarity with grounding research in the field across a wide variety of areas, including: cognitive development and decline, social participation, lifestyle, and clinical geropsychology. They will be asked to take a research based approach to assessing senior service efforts being made across the Minneapolis/Saint Paul area, namely through examination of community outreach efforts and legislative bodies concerned with vulnerable populations. This will also serve as a gentle introduction to clinical and service work within the field. Periodically throughout the semester, students will be joined in class by local seniors to provide opportunities for relationship building and diversified perspectives on coursework. Students should come out of the course with an understanding of the unique needs of the elderly and the intersection of community and individual health.

Course Objectives

These objectives are meant to be consistent with many of the APA's Undergraduate Level Degree in Psychology learning goals and objectives, as labeled.

1. Content Knowledge and Application
 - a. Students will be able to describe common behavioral, cognitive, and social changes as studied in geropsychology.

- b. Students will develop familiarity with interventions and experiences that moderate/exacerbate these changes including: lifestyle, identity, and clinical practices.
- 2. Scientific Inquiry and Critical Thinking
 - a. Students will develop an understanding of ethical research practices across elderly populations via exposure to and discussion of research literature and its methods.
- 3. Values in Psychological Science
 - a. Students will apply relevant literature and principles of neurodiversity to proposed and existing models of elder care and community intervention, considering how to sensitively and productively serve the elderly as a vulnerable minority population.
- 4. Personal and Professional Development
 - a. Students will be exposed to a number of local community and care resources, giving them some exposure to the sort of work being done in the field, by clinicians and non clinicians.
 - b. Students will have the opportunity to develop relationships and share perspectives with local seniors, who will periodically be welcomed into classes for more discussion based, or novel concept presentation elements of the course, to offer diversified perspectives and align with course principles of neurodiversity, intergenerationalism, and resisting ageism.

Course Schedule

Note: the following is a week-by-week proposal of course reading, guiding/discussion questions, and proposed exercises intended to be roughly consistent with an undergraduate liberal arts course in psychology of the 200 or 300 level variety.

Week One: Field History+Ageism

Guiding Questions + Comments

- What are present and historical measures of “aging well” from a psychological perspective?
- How have care practices for the elderly in the United States evolved over the last ~100 years? Can we speculate about how these changes inform psychological outcomes?
- Framing a discussion of aging that is both realistic and optimistic- where do we see deficits? Where do we see growth?
- Trends in ageism: perceived competency, communication, and perceived and actual shared interests/values/qualities.

Writing Exercise

Write a ~500 word response reflecting on feelings about, or experiences of aging in one's own life. Do you feel as though you have been given healthy models for aging? Find a piece of psychological literature supporting why you find these models interesting or encouraging.

Readings

Levy, S.R., Macdonald, J.L. (2016), Progress on Understanding Ageism. *Journal of Social Issues*, 72: 5-25. <https://doi.org/10.1111/josi.12153>

Lichtenberg, P. A., Mast, B. T., Carpenter, B. D., & Loebach Wetherell, J. E. (2015). History and Status of the Field and Perspectives on Aging. *APA handbook of clinical geropsychology, Vol. 1*: 3-17.

New York Times article “Exploring Health Effects of Ageism”:
<https://www.nytimes.com/2022/04/23/health/ageism-levy-elderly.html>

Week Two: Alzheimer’s and Other Forms of Dementia

Guiding Questions + Comments

- Diagnosis and treatment practices for dementia, focusing on social predictors.
- Introducing neurodiversity and a strengths based approach to thinking about how to productively build social and care relationships, habits, and lifestyle, including approaches to living alone or working.

Readings

Balouch, S., Rifaat, E., Chen, H. L., & Tabet, N. (2019). Social networks and loneliness in people with Alzheimer's dementia. *International journal of geriatric psychiatry*, 34(5), p 666–673. <https://doi.org/10.1002/gps.5065>

Samanta, M.; Wilson, B., Santhi, K (2006). Alzheimer Disease and Its Management: A Review. *American Journal of Therapeutics* 13(6) 516-526.
<https://doi.org/10.1097/01.mjt.0000208274.80496.f1>

Optional: COVID-19 and living with dementia webinar from the University of Minnesota: https://mediaspace.umn.edu/media/t/1_4iposebe

Supplemental Activity:

<https://www.youtube.com/watch?v=F7oBuCj8vM0>

Before I Forget is a short playthrough video game wherein the player is an elderly woman with Alzheimer's, and walks around her home looking for memory triggers revealing details about her life. Consensus (from non psychologists) is that it has been done sensitively. As a psychology student interested in geriatric experiences, what's your "take"? How do you feel about these topics being gamified? Is this a meaningful way to engage different generations in these discussions or is it a solely artistic enterprise? Is the format engaging or invalidating?

Students hold an open discussion with local seniors addressing reactions to the game and the artistic and practical ethic behind it. Part of the goal of the class is to make discussions about aging more accessible and comfortable. Does this game align with that goal?

Week Three: Mental Health Trends in the Elderly

Guiding Questions + Comments

- What are clear mental health trends within elderly populations outside of neurodegenerative disease? What are contributing factors to these trends (cognitive, social)?
- Isolation and Depression
 - Barriers to treatment seeking- stigma around mental health treatments, decreased mobility.
- How did the COVID-19 pandemic exacerbate (or just illuminate!) These trends?

- How do sociocultural stressors, like racism and homophobia, compound some of the existing concerns around mental health? How do they interact with ageism? How might this change as cultural attitudes shift?

Readings

Carpenter, B. D., Gatz, M., & Smyer, M. A. (2022). Mental health and aging in the 2020s.

American Psychologist, 77(4), 538–550. <https://doi.org/10.1037/amp0000873>

Fredriksen-Goldsen, K., Kim, H., Shiu, H., Goldsen, J., Emlet, C. (2015). Successful Aging Among LGBT Older Adults: Physical and Mental Health-Related Quality of Life by Age Group. *The Gerontologist*, 55(1), Pages 154–168, <https://doi.org/10.1093/geront/gnu081>

Utsey, S. O., Payne, Y. A., Jackson, E. S., & Jones, A. M. (2002). Race-related stress, quality of life indicators, and life satisfaction among elderly African Americans. *Cultural Diversity and Ethnic Minority Psychology*, 8(3), 224–233. <https://doi.org/10.1037/1099-9809.8.3.224>

Week Four: Geropsych and Clinical Practices

Guiding Questions + Comments

- How are geriatric care practices unique? What is prioritized for patients and practitioners within these therapeutic relationships?
- How do we define “therapy”, and develop therapeutic experiences/practices for populations that might be more uncomfortable with conventional practices?
- Defining clinical geropsych and identifying field concerns about quantity of qualified practitioners and increasing demand.

Readings

Gatz, M. (2007). Commentary on evidence-based psychological treatments for older adults.

Psychology and Aging, 22(1), 52–55. <https://doi.org/10.1037/0882-7974.22.1.52>

Morante, B., Ward, L., & Winefield, H. (2020). 'It's not how old you are, it's how you are old':

Australian clinical psychologists' experiences of working with older adults. *Professional*

Psychology: Research and Practice, 51(3), 247–256. <https://doi.org/10.1037/pro0000303>

Week Five: Clinical Care In Medical Spheres**Guiding Questions + Comments**

- How does hospitalization and or/increased intensity and frequency of medical care interact with mental health outcomes, and how can those trends be minimized?
- How can medical practitioners better honor their patients' mental wellbeing and encourage more comfortable outcomes through recovery or terminal treatment plans?

Readings

Stelmokas, J., Cigolle, C., Rochette, A., Tolle-Fu, K., Surber, C., Bloor, L., & Lee, P. (2022).

Integration of neuropsychological assessment and intervention services into a specialty geriatric medicine clinic. *Professional Psychology: Research and Practice*, 53(5), 483–493. <https://doi.org/10.1037/pro0000394>

Nydegger, R. (2008). Psychologists and hospice: Where we are and where we can be.

Professional Psychology: Research and Practice, 39(4), 459–463.

<https://doi.org/10.1037/0735-7028.39.4.459>

Optional podcast on stories from hospice care nurses:

<https://podcasts.apple.com/us/podcast/episode-forty-four-hospice-stories/id1592841545?i=1000635373545>

Week Six: Social Psychology and Family Psychology

Guiding Questions + Comments

- What are current care norms within families and how do they affect trends concerning social isolation as previously discussed?
 - How do these norms change racially/culturally?
- How do care roles affect caregivers? How does being cared for change self perception in the elderly?
- Gender differences in caregivers and assumed responsibility- How can the role of the elderly in familial and society be reimaged to support better outcomes for all parties?

Readings

Pinquart, M., Sörensen, S. (2005) Ethnic Differences in Stressors, Resources, and Psychological Outcomes of Family Caregiving: A Meta-Analysis. *The Gerontologist*, 45(1) 90–106, <https://doi.org/10.1093/geront/45.1.90>

NYT article on caring for aging family members: <https://www.nytimes.com/2019/09/05/reader-center/taking-care-of-elderly-relatives.html>

Week Seven: Social and Family Psychology Continued

Guiding Questions + Comments

- Caregiving roles taken on *by* the elderly: adult children, grandchildren.

- How do these roles expand social support outside of familial relationships, and improve self efficacy?
- Introducing later discussions of lifestyle, especially relating to residency situations and marriage.
- How is marriage, and eventually widowhood, a relevant variable to psychological outcomes?

Readings

Ermer, A. E., Segel-Karpas, D., & Benson, J. J. (2020). Loneliness trajectories and correlates of social connections among older adult married couples. *Journal of Family Psychology*, 34(8), 1014–1024. <https://doi.org/10.1037/fam0000652>

Quirke, E., König, H. H., & Hajek, A. (2019). Association between caring for grandchildren and feelings of loneliness, social isolation and social network size: a cross-sectional study of community dwelling adults in Germany. *BMJ open*, 9(12), 1-8. <https://doi.org/10.1136/bmjopen-2019-029605>

Week Eight: Social Psychology in Friendship and Non-Familial Social Support Networks

Guiding Questions + Comments

- How are friendships/relationships outside of the family defined and approached through old age?
- Friendship can be a moderator for people experiencing widowhood/isolation from families.
- Roles of intergenerational relationships: combating ageism, providing diversified social support and networks.

Readings

Aday, R. H., Kehoe, G. C., & Farney, L. A. (2006). Impact of senior center friendships on aging women who live alone. *Journal of women & aging, 18*(1), 57-73.

O'Dare, C., Timonen, V., & Conlon, C. (2019). Intergenerational friendships of older adults: Why do we know so little about them? *Ageing & Society, 39*(1), 1-16.
doi:10.1017/S0144686X17000800

Optional:

Weststrate NM, Turner K, McLean KC. Intergenerational Storytelling as a Developmental Resource in LGBTQ+ Communities. *PsyArXiv*; 2023. DOI: 10.31234/osf.io/9t73u.

Week Nine: Lifestyle and Recreation**Guiding Questions + Comments**

- How do lifestyle choices help support better mental health outcomes?
- Carrying personal interests and generativity into later years.
- How can we connect these topics to other course goals/themes, like neurodiversity, positive psychology, ageism, and breaking down the age binary?
- Consider how we may begin to integrate clinical approaches into other spaces of engagement for senior populations.

Readings

Kim EJ, Kang HW, Park SM (2020). A Meta-Analysis on the Effects of Therapeutic Recreation Programs for the Elderly. *International Journal of Environmental Research and Public Health. 17*(20):7367. <https://doi.org/10.3390/ijerph17207367>

Lawton, M. P., Moss, M. S., Winter, L., & Hoffman, C. (2002). Motivation in later life: Personal projects and well-being. *Psychology and Aging*, 17(4), 539–547.

<https://doi.org/10.1037/0882-7974.17.4.539>

Week Ten: Other Predictors of Well Being

Guiding Questions + Comments

- What are other sociocultural predictors of wellbeing in the elderly? How does this continue to inform our conception of geropsychology as a field and sensitive approaches to treating the elderly?

Group project:

In groups, students identify a predictor of psychological well being or harm in the elderly from the following list, find three peer reviewed articles OR two peer reviewed article and one related community resource (local preferred), and briefly present to the class on the topic, covering what they learned from their resources and a few ideas on how to expand on the research or improve an existing resource. Local seniors are welcomed into the classroom to join for presentations and discussions.

- Topics:
 - Location: Rural vs Urban
 - Socio-Economic Status and Financial Decision Making
 - Retirement
 - Religion
 - Residential situation

Readings

None required, may serve as a springboard for presentation topics

- Cohen-Louck, K., & Aviad-Wilchek, Y. (2020). Suicidal tendencies, meaning in life, family support, and social engagement of the elderly residing in the community and in institutional settings. *Isr J Psychiatry*, 57(1)
- Hendrick, C., Wells, K. S., & Faletti, M. V. (1982). Social and emotional effects of geographical relocation on elderly retirees. *Journal of Personality and Social Psychology*, 42(5), 951–962. <https://doi.org/10.1037/0022-3514.42.5.951>
- McFadden, S. H. (1995). Religion and well-being in aging persons in an aging society. *Journal of Social Issues*, 51(2), 161-175.
- Van Ness, P., Kasl, S. (2003). Religion and Cognitive Dysfunction in an Elderly Cohort. *The Journals of Gerontology: Series B*, 58(1), S21–S29, <https://doi.org/10.1093/geronb/58.1.S21>

Week Eleven: Disability and Geropsychology

Guiding Questions + Comments

- How does disability affect other experiences of aging: care relationships, self efficacy, and isolation.
 - How does this change access to mental health treatment?
 - What differences exist between populations who have experienced long term/lifelong disability, versus those who experience it primarily as a function of aging? How do we equip people to deal with these experiences?
- Ableism and opportunities for intersectionality.
- Return to the role that the medical field plays in improving or worsening mental health outcomes.

Readings

- Kempen, G. I., van Heuvelen, M. J., van Sonderen, E., van den Brink, R. H., Kooijman, A. C., & Ormel, J. (1999). The relationship of functional limitations to disability and the moderating effects of psychological attributes in community-dwelling older persons. *Social science & medicine*, 48(9), 1161-1172.
- Waidmann & Liu. (2000) Disability Trends Among Elderly Persons and Implications for the Future, *The Journals of Gerontology: Series B*, 55(5), 1 S298–S307, <https://doi.org/10.1093/geronb/55.5.S298>

Week Twelve: Community Based Approaches to Support Healthy Aging Outcomes**Guiding Questions + Comments**

- How can building tighter communities and age diverse resources improve psychological wellbeing for the elderly? How do the elderly socialize and participate in community outside of family and friends?
- How do communities stratify by age, and how does this affect the elderly and their health outcomes? How does community participation support healthy generativity and self efficacy? How are these ideas incomplete or complicated?
- Who is best served by these structures?

Readings

- Hossen, M. S., Pauzi, H. B. M., & Salleh, S. F. B. (2023). Enhancing Elderly Well-being Through Age-Friendly Community, Social Engagement and Social Support. *American J Sci Edu Re: AJSER-135* 1-10

Hofer, J., Busch, H., Au, A., Poláčeková Šolcová, I., Tavel, P., & Tsien Wong, T. (2016).

Generativity does not necessarily satisfy all your needs: Associations among cultural demand for generativity, generative concern, generative action, and need satisfaction in the elderly in four cultures. *Developmental Psychology*, 52(3), 509–519.

<https://doi.org/10.1037/dev0000078>

Group Activity

Meant to lead into a more local focus, and to draw on earlier group work focus topics, students will work in groups, imagining that they are looking for a supportive housing placement for an elderly relative or mentor. They may choose the level of care they would like to focus on- accessible apartments, independent living, active care, etc, and look into local residential options. They should select one to “recommend” to their loved one, and come up with a reasonable defense for why they believe the institution's structure and goals are supported by course principles and learning so far. Students should consider marketing tactics, and the ethics of for-profit business in care-adjacent work.

Week Thirteen: Aging Well in the Twin Cities

No Readings, explore these resources:

Explore this site:

<https://mn.gov/senior-linkage-line/>

Reframing Aging Report from the City of Saint Paul Seniors

https://www.stpaul.gov/sites/default/files/Media%20Root/Mayor%27s%20Office/Advisory%20Committee%20on%20Aging_Reframing%20Aging.pdf

Ramsey County Health Aging Framework

https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/Healthy%20Aging_A%20Public%20Health%20Framework_02.2020.pdf

Minnesota Geriatrics Workforce Enhancement Program

<https://mngwep.umn.edu/>

Rainbow Health Aging Initiative (LGBT elders)

<https://rainbowhealth.org/community-engagement/aging-initiative/>

Writing Assignment

Pick one, or a section of one, of these documents or resources to write an critical assessment of.

Draw upon course materials and other peer reviewed material to defend your analysis. ~4 pages

Questions to consider:

- What stands out to you as rigorous and defensible material?
- Where is there room for improvement?
- Why may these deficits, if identifiable, occur (consider cultural norms, funding issues, etc.)
- What changes or additions would you make?
- Does this resource seem accessible and comprehensive?
- Who does this resource serve? Who does it exclude?

Week Fourteen: Final Presentations and Discussions

Final Presentations + Discussions with Seniors

Students present for 10-15 on their final project work, and then lead brief discussions between students and seniors on strengths, limitations, and points of particular interest. The goal of these presentations and discussions should be generative, in the spirit of early discussions on the relative youth and broad scope of the field- where are we and where can we go next? Students will not turn in their project until these presentations and conversations are conducted, with the intention that revisions may be made based off of discussion.

Final Project:

The final project for this course is intended to be a semi-creative endeavor that will allow students to problem solve, apply course content, and choose an area of focus that is particularly engaging to them. It is meant to be taken on as a solo project. They may pick from the following options:

Creative project:

1. Students may propose a rigorous adaptation to an existing resource or institution preferably within the area (senior living program, informational resource, health framework), or develop an original proposal.
 - a. Project may be formatted as a paper, or a more creative design (pamphlet, website homepage, activity or event outline, etc.), and include a brief explanation of choices made.
2. Design your life! Students will apply what they have learned by designing a “life” for themselves, imagining that they are an elderly Saint Paul resident, including activities, work, family obligations, etc., that they believe would be reasonable and conducive to a healthy lifestyle given what they have learned in the course. This would be a very imaginative project, and could take a number of forms, including: a weekly schedule, a

fabricated journal entry, a collage/vision board, or any other media that appropriately conveys their point.

- a. Additionally, students would submit a write up explaining the reasoning behind their choices and how they were meaningfully represented.

Research Paper

1. Students more comfortable with a more traditional approach may produce a research paper (5-7 pages), focusing on one area in geropsychology and barriers or progress made to that point. This is a better option for students more interested in neurological or cognitive elements of the course, such as neurodegenerative illness or ageism.

Designing *Long Lives*: Processes and Decision Making in Syllabus Design

Introduction

This document is intended to provide insight into the process of completing this syllabus project. It will give rationale for course content and style, and clarify goals which are less evident within the provided syllabus, and/or more relevant to my goals as a student and the author of this project. The following will provide a detailed look at the thought process behind successive subjects and course elements. I invite readers to reference the syllabus as useful.

Intergenerationalism and the Classroom

As noted throughout the syllabus, and further expanded upon throughout this portion of the project, I chose to incorporate an intergenerational aspect to this class. One of the biggest challenges of developing the course was deciding how I wanted to do this. I weighed a few options and formats- interpersonal conversation, group work, community service. Ultimately, given what I chose to develop in Chapter One, Intergenerational Partners For Communities, and in the interest of novelty within this chapter while incorporating principles of psychoeducation that I think are most compelling and successful, I chose to have a semi intergenerational aspect to the course, in which local seniors would periodically be invited to participate in classes that, given subject matter, would most benefit from diversified perspectives. With this said, there are many other ways that the intergenerational aspect of the course could be developed- full time enrollment or participation from senior students, or by placing the course in an institution where this diversity of age in student body would already exist.

There are limitations to this framework. I have learned that this kind of psychoeducation, even if it is integrative, is not always successful in really changing people's mindset on aging (e.g., Bartlett et al., 2022). However, these studies specifically examine worries about aging, and

I intend this course primarily to produce more academic conversations informed by nuanced perspectives, and to break down some of the age stratification on college campuses that is consistent with social bubbles that inform and feed into age discriminatory beliefs.

Field History and Ageism

Field history felt like a natural place to start, because it presents a bit of a paradox: on one hand, as humans, we have been taking care of our elderly for as long as we have been fortunate enough to have them. On the other, geriatric psychology is considered a relatively young field.

The syllabus provides three materials for this introductory week, which are, intentionally, formally distinct from one another- one journal article, one APA handbook entry, and one piece of creative nonfiction. Diversity in early material is intended to help ease into the class and develop comfort with the relatively wide breadth of material offered, especially thinking ahead to portions of the class that will draw primarily from community resources, and not on academic research.

The APA handbook entry is slightly different from what I have personally encountered in classes, but I found it to be a comprehensive introduction to clinical work. The opening portion is extremely compelling- author Norman Abeles opens by discussing philosophies of aging- one positive, one negative- that date thousands of years back, and then introduces the “early practitioners” of geriatric psychology, active in the 1920s (Abeles, 2015). This is conducive to the tone I wanted for this first week of the course- acknowledging that aging, and caring and preparing for the aging process is as old as humans are, and geriatric psychology is an exciting and relatively new facet of that. I designed the first week to be a reflection on personal attitudes around aging and the elderly, which may and should extend beyond psychology as an isolated discipline.

I also decided to include course material on ageism in this portion of the course syllabus. In a first draft, ageism took up its own week, and came in week four, after two preceding weeks discussing neurodegenerative diseases and mental health trends in the elderly. The initial instinct to make it a full week may have been a reflection of my capstone work, which focused on ageism much more than I thought would be appropriate in a course on geriatric psychology.

Ageism is a relevant concept/variable in much of what is discussed in later weeks of the course, as loneliness and intergenerationalism is covered. Given this, I do not think education on the topic suffers much from removing it, and doing so allowed me to extend a larger and more isolated topic –family psychology– into a longer portion of the course. Ultimately, I also believe that focusing on ageism after lengthy discussions of very hard and very real adverse experiences of aging would be counterproductive, and that the course is more cohesive, and better achieves its goals, by opening with this material. This would give students an earlier opportunity to interrogate their own beliefs and biases, and a better understanding of one of the underlying causes of certain mental health outcomes as they move into that topic.

Finally, I chose to provide a New York Times article covering ageism. It does a nice job of integrating the discussion of ageism with a number of psychosomatic outcomes, and provides a moment of reflection in its opening paragraphs, describing a thought experiment exploring word associations and the elderly. It helps place this syllabus in conversation with similar educational efforts, demonstrating that this concern is widespread and developed enough to be considered in popular media. Additionally, I am personally interested in how empirical research is communicated to a wider audience, and including some of those efforts is compatible with coursework concerning clinical and community engagement practices– formal education, which

is the context of this syllabus and my position at Macalester is fantastic, but naturally limited in its reach.

The exercise in the first week is intended to help facilitate this, and set up independent and group work later in the class. Giving students an opportunity to reflect on what existing resources they have been given gauges where they are as individuals in relation to the course, and identifies possible areas of interest that could inform later coursework.

Alzheimer's and Other Forms of Dementia

Continuing from field history and framing, I move into a review of some of the biggest concerns within geriatric psychology; what people often reflexively think of when they think of studying aging brains, and what dominates the available literature. This consists of Alzheimer's, other forms of dementia, and related neurodegenerative conditions. Following a discussion of ageism, this is an appropriate place to introduce the concept of neurodiversity—there is so far no “cure” for dementia, which emphasizes the importance of working towards integrative communities that understand and successfully engage people of different cognitive capacities. Additionally, many of the stereotypes that ageism perpetuates are highly related to symptoms of these diseases, such as memory issues and limitations to autonomy. I also believe that it is important to consider these diseases before moving into conversations concerning therapeutic relationships and counseling work, which require specific adaptation for people dealing with memory loss or other forms of cognitive impairment.

To integrate the discussion of ageism with concerns about neurodegenerative diseases, I selected an article that focuses on isolation and its adverse effects on the onset of Alzheimer's and other forms of dementia. This article's conclusion, and my interest in including it, is especially complementary to my Chapter One work concerning ageist beliefs exacerbating age

stratification in American culture. This contributes to experiences of isolation in the elderly (Boulouch, 2019). There are, of course, many other predictors of Alzheimer's, but focusing on social predictors best informs the later portions of the course, which go more in depth on social psychology than cognitive psychology or neuroscience.

However, to supplement this, and to provide a more comprehensive education on living with Alzheimer's, I also included an article specifically on the disease's treatment and management, which gives a broader overview of the neurological features of the disease and medicative efforts. The piece's psychiatric focus is different from the very social focus of the course, but I believe is worth including to diversify the course content and approach this topic with the gravity and nuance it is owed.

I also included an optional webinar on living with Alzheimer's during the COVID-19 pandemic, which is intended to lead into a required and more extensive examination of the pandemic in the next portion of the course. I would not expect someone to watch the whole thing, as it is quite long and targeted at people living with or caring for someone living with dementia, but it is engaging to include as a first look at how psychoeducation is disseminated in the context of a topical global event. My intention in including it is to prompt thought about how such materials are developed.

Finally, I provided a trailer to the video game "Before I Forget", as a very unique approach to understanding Alzheimer's. The video game takes about an hour to play through, and the player assumes the role of a woman named Sunita, who is suffering from Alzheimer's, and moves through her home piecing together details of her life. I think this is a novel format for learning about neurodegenerative disease—I was very surprised to find it. My feelings about it are a little conflicted, which was part of my rationale for including it. I wonder whether

gamifying this experience is educational, or if it reifies stereotypes about these diseases. The general reception of the game, per its reviews, is warm, but I would be really interested to see how it could be received by a class of students who were learning about this subject specifically. Given that a major goal of the course is to make discussion about aging accessible and comfortable, interrogating whether this game meets those goals is worthwhile. To provide a diversified collection of insights into this, and because it occurs early in the semester, I thought this could be a good week to introduce the intergenerational element of the class, and have local seniors come in to contribute to discussion about this game.

Mental Health Trends and The Elderly

In developing this portion, a guiding question weighed how much I did or did not want to include the COVID-19 pandemic in actual course material. It felt disingenuous to not do so— if this course were to be presented in a class today, the relevant student experience would have been very informed by the pandemic. Research, however, is still scarce, and cannot yet address long term trends. The pandemic is still active, and we are only four years past the first wave, meaning that there cannot yet be data about how COVID-19 will affect lifelong patterns in mental health. We also have little knowledge of how global experiences of the pandemic might/will affect people's outlook on aging.

However, I have prioritized isolation as a predictor of adverse outcomes, and as a general concern for elderly populations. This would have been compounded by living through lockdown conditions. Thus, I ultimately decided to include it in the course, in the spirit of honoring and informing peoples' active perceptions of the elderly. COVID-19 is a particular threat to the elderly, and these concerns would be present in the lives of students, so it felt antithetical to my project goals to exclude it.

The article I selected on aging in the 2020s is comprehensive, uses relatively accessible language, and does an interesting job of introducing a framework that becomes important in the course: thinking of age as binary—old versus young—or as a dynamic spectrum may look very different for different people. Concerning the COVID-19 pandemic, the authors write, “The pandemic has encouraged too easily categorizing people by chronological age and thereby considering the entire class of older people as vulnerable. Vulnerability (real or perceived) can lead either to a motivation to protect, which can represent a form of paternalistic ageism (Ayalon, 2020), or to a tendency to see older people who succumb to COVID-19 as people who were going to die anyway” (Carpenter et al., 2015). This framework is an interesting extension and direct application of previous ageism conversations. The authors discuss how COVID-19 altered family dynamics to be more protective, which will lead into conversations later in this course about family care dynamics. The article also does a good job of highlighting more general mental health trends in the elderly which are independent of, or exacerbated by, the pandemic, and is helpful in establishing the course as a topical look at aging in America.

I also selected an article looking at health/wellness outcomes and quality of life indicators in African American populations to examine how race compounds both physical and psychological outcomes through the aging process. The information relayed here is discrete from earlier discussions of race as found in the section of familial care roles, as it concerns individuals, rather than relationships, and outlook on their own life. It also reflects on the historical experience of participants in their study, including Jim Crow laws (Utsey et al, 2002). I also hope that by placing it earlier in the course, it will help frame other discussions about interactions between social conditions, aging, and wellbeing, and combat some of the racial bias

towards white populations in some of the literature existing in this field, helping students challenge ideas of which populations are prioritized in study.

Through this week, I want to emphasize identity-based trauma and how that shows up particularly in older populations. Physical and mental health, as demonstrated in the study on wellness outcomes across LGBT age groups, are both negatively affected by long term experiences of discrimination. Additionally, adverse outcomes like heightened drug abuse and suicide rates are otherwise pretty absent from this syllabus, and generally are less discussed when thinking about elderly populations, an oversight that does a disservice to those vulnerable. As above, rapid cultural changes concerning these groups may (hopefully) mean some of these outcomes will be different in generations to come, but similarly to COVID-19 long term outcomes, the field will evolve as people who have lived lives enriched by these changes age. Note also that there is almost no available research on psychological outcomes specific to trans and nonbinary elders.

Geropsychology and Clinical Practices

Exploring clinical treatment practices was the natural conclusion to the portion of the course concerning diagnosable mental health conditions. As I investigated geriatric clinical work, much of what came up in the research was alarm about the dearth of mental health professionals in this field, and underdeveloped metrics with which to assess preparedness to provide treatment. Other pressing concerns included how to combat stigma around mental health treatment in the elderly, and other barriers to treatment seeking, which the course covers with some thoroughness.

Best practices in geropsychology and therapeutic relationships with the elderly place heightened emphasis on patient preference throughout care, and in finding ways to connect the

elderly with qualified treatment providers. The first article argues for integrated referral programs in medical care spaces, which the elderly tend to be more engaged with (Gatz et al., 2007). These programs advocate for better mental health screenings by medical caregivers and developing channels to direct patients to the appropriate professionals. This serves my goals twofold—arguing for a broadened responsibility for mental health outcomes and using existing support structures to accomplish this, and introducing a more focused discussion of the medical field and its role in mental health outcomes outlined in the next week. This article is relatively short, but captures a lot of the broad concerns addressed above.

As a companion to this article, I selected a piece of research arguing that diverse experiences of aging demand diverse treatment options and thoughtful consideration of how people are directed to treatment. This piece draws on interviews with clinicians, who advocate for a more holistic understanding of the senior experience in mental health treatment (Morante, 2020), and gives students insight into clinicians' experiences with working with the elderly. It also reinforces that seniors are an underserved population in the mental health field.

When talking about direct clinical work and therapeutic relationships, it's important to introduce themes that come up later in the course, particularly concerning social predictors of well being. Given that seniors have some difficulty with care seeking, another way of helping improve population outcomes is to optimize the systems they are already a part of, like families, medical practices, and residential options—this feels like a turning point in the course to me, from more “traditional” approaches to diagnosis and treatment in psychology, to more holistic options that work towards creating communities that support vulnerable populations.

Clinical Care in Medical Spheres

As introduced in the preceding week, the medical community and medical services to the elderly have great potential to improve or exacerbate mental health outcomes. My goals for this element of the course are to interrogate how we interact with these services, and how well they provide meaningful care for patients. I also developed a portion on hospice and hospice stories, given the unique approaches taken when patients' goals change from aggressive treatment to comfort as the patient prepares for death.

The first article I selected, intended to be a smooth transition from the prior week, is about integrated mental health service into medical clinics and hospitals, and gives a comprehensive amount of detail on “warm handoff” strategies and coordinating care between providers. Additionally, it introduces concepts like biopsychosocial conditions and neuropsychology integration in medical spheres. These are multidisciplinary approaches that complement other course items, particularly on social conditions, physical disability, and neurodiversity (Stelmokas et al., 2022).

The second article supports learning about care roles in terminal circumstances, which is intended to be a slight break from convention in this syllabus— a lot of what I have and will continue to write about is condition management, and integrating diverse physical and psychological experiences into a cohesive cultural experience, but it would be irresponsible to write about geriatric psychology and experiences without acknowledging that a huge concern for patients and families is preparing and handling end of life decisions. Discomfort with discussing death is a huge barrier to having productive discussions about aging, and it was important to me that the course did not ignore that.

Hospice is especially interesting in discussing geropsychology. As Nydegger (2008) indicates, it is a form of medical care that is much more based in a psychologically supportive

ethic than a biomedical one, as treatment, other than to the point of comfort, has ceased.

However, formal mental health care in hospice is not the norm (Nydegger, 2008). This article is a useful resource in understanding hospice practices, which are rarely discussed and thus poorly understood by people who have not had personal exposure to the processes, and in understanding the nuance between field knowledge and available resources to patients—Nydegger argues that there are many therapists and social workers equipped to handle hospice patients, but few hospice programs that employ them. As a supplement to this I provided an optional podcast on stories from hospice nurses— not psychologists— with the aim of beginning to demystify end of life care.

Social Psychology and Family Psychology: Parts One and Two

Having completed the portion of the course on formal diagnosis and care practices, I fully transitioned to other support systems. I chose to begin the social psychology portion of the class with family care structures, which are the cultural assumption for the elderly in multiple directions— elder care for grandchildren, and filial care for aging parents. Additionally, there is the issue of spousal relationships across the lifespan, which are not to be taken for granted in the elder years as widowhood becomes exponentially more prevalent, and the loss of a life partner takes a grave toll throughout mourning processes.

Initially, this portion of the course was only intended to be one week, but removing the isolated week on ageism granted an opportunity to split this mammoth topic, which makes up the bulk of social research throughout elderly populations, into two weeks. This lent itself to a pretty clear divide. The first week concerns parent/child relationships, and the second grandparental roles and spousal relationships.

Research around parental and filial roles focuses on care roles in both directions, and on perceived closeness. This is a sub-discipline of geropsychology that is particularly predicated on culture. To synthesize these observations, I included an article on caregiving roles across different racial groups in the United States, which also gives a significant amount of background research on the mental health outcomes of caregivers, which I intend to lead well into later discussions of differences between friend roles and family roles, each being unique in their contributions to wellbeing. This article also facilitates a transition between course topics through its discussion of formal versus informal caregiving (care provided by professionals versus non professionals) and associated changes across demographic groups (Pinquart, 2005).

To emphasize the complex relationships caregivers have with their roles, I included a series of personal caregiving stories, provided via another New York Times article, which gives outtakes from interviews with adult children caring for family members. These stories emphasize personal and/or financial sacrifices made during meaningful but challenging times with elderly parents.

In the second week, I look at care roles taken on by the elderly, namely grandparents, which are often—but not always—more elective than filial roles. Caring for grandchildren and being exposed to a younger social group than they may otherwise participate in, helps to diversify the social experience of elderly people. This strengthens social networks and provides novel experiences that can be beneficial for slowing cognitive decline (Sharifi et al., 2023). This is reviewed by the first article represented in the syllabus, which concludes that elderly participants benefited from care relationships, but emphasized that it was very important to lead social lives outside of the family— an important dynamic appears to be that care roles must be perceived as a service to the younger generation, and not a favor to the older. Given that,

grandparent/grandchild relationships also offer an opportunity to bolster feelings of usefulness and combat stereotypes about elderly people (Quirke, 2019).

Finally, I wanted to include some course content about spousal relationships, which are especially interesting in geriatric communities given changing norms in romantic relationships and marriages. Additionally, the length of the relationship by that point in life is often very long, and the individuals' lives very interdependent. Widowhood is a prevalent variable here, given the substantial mental health effects associated with grief (Thompson et al., 1991). As is shown the second article for this week of the course, having a living spouse can greatly decrease experiences of loneliness, but this is not a perfect balm for lack of community otherwise, and there are differences for husbands and wives, with husbands being more dependent on the wife to ease experiences of loneliness, and wives more dependent on relationships outside of the marriage, a finding that is interesting given typical lifespans of women being longer than those of men (Ermer et al., 2020). This article neglects queer marriages, which I think is important to highlight, but it does introduce gender differences in elderly people that have not been emphasized by the course so far.

Geriatric Friendship and Relationships Outside the Family

A natural transition from discussing the study on marital couples is looking at social support networks outside of marriages or children/grandchildren. I am slightly biased in my preference for one of the articles I selected for this week, on women and their friends in senior centers. It is my favorite reference from the Chapter One project. It's a piece of research that exhibits a lot of what I find compelling and inspiring about the field in its consideration of reimagining social structures for people of different ages. I also really like that the article includes direct quotes from interviewees rather than just reporting results from the thematic

analysis— I prefer this reporting practice, and I find it helpful in connecting with research and maintaining interest while I read, which was a consideration in the context of a course syllabus. The content on friendship and its ability to improve mental and physical outcomes in elderly populations, and how these relationships improve people's social network during adverse or isolating family experiences (Aday et al., 2006) provides a welcome tone shift for the brighter and is a nod to community engagement resources that will dominate the last third of the course.

As a way of connecting with course goals, and the community engagement aspect of the course, I also included a piece on intergenerational relationships, which are of special interest to me. They are a particularly keen way of thinking about how cultural biases towards age stratification negatively impacts patients. If intergenerational bonds can be encouraged, they can be a way of combating some of the concerns seen in the family unit, and addressed in literature about same-age friends. Family relationships, as discussed, while very important, have necessary challenges that friendships do not. Intergenerational friendships could provide familiar dynamics, and align with course goals of looking past superficial differences to build stronger community support networks (O'Dare, 2019). This is also a natural place to continue the ongoing discussion of ageism as a framework for understanding why these relationships are so rare.

Additionally, because friendship can moderate adverse experiences of family, and because LGBT people may experience less familial support, I thought this could be a good time to return to the idea of LGBT elders. Minority sexualities and the aging process at this moment in history is especially dynamic given changing legal statuses of LGBT spouses through the 2000s and 2010s, and considering the age group that lived through the AIDs crisis. People considered elders in the LGBT community right now have experienced a very different civil rights landscape than their younger counterparts, and outcomes for LGBT elders may look very

different in the next generational cycle because of this. In the spirit of this, one of the articles I provided as an optional resource focuses on LGBT storytelling between generations and the restorative and generative abilities of those relationships to improve outlook on life.

Lifestyle and Recreation

Moving between the social and interpersonal portion of the course, and the weeks concerning community building and support, I wanted to include a portion on recreation choices and participation, personal choices that are very often predicated on the availability of certain spaces and resources. This topic also well supports broader course goals, as the positive impact that these activities align with breaking down the binary between youth and old age and give people a chance to continue doing the things they love and being “generative”. To emphasize these throughlines, I have selected one article that focuses on individually made choices to participate in recreation, and one which considers an intervention to encourage participation in recreational activities.

The first article looks at motivation in personal project work, in which 600 participants of variate age and ability levels were surveyed on their “personal projects” including home planning, religious life services, and intellectual pursuits, among others. They noted the physical and cognitive challenges of each project type. The authors are primarily concerned with the effect of personal investment and task motivation on socio emotional outcomes and found that most of the project categories they studied were helpful in alleviating depressive outcomes, noting that this was especially true of projects that were perceived as successful (Lawton et al., 2002). This article clarifies the kinds of undertakings and lifestyle choices being made by the elderly, and understanding the importance of self efficacy, individualism, and goal achievement through a time in one's life where work or child rearing may not provide those feelings of

accomplishment. I think it is also a useful piece of research to a student in its thorough consideration of different physical and cognitive abilities, and how a diverse group of people may still benefit from continued recreation and goal achievement.

With the benefits of project completion and recreation in mind, I chose to include an article on how these processes may be encouraged. The meta analysis considered a number of recreational therapy outcome programs and their efficacy, finding that participation in these programs was helpful in alleviating depression, which was especially true of longer programs (Kim et al., 2020). I think this is a compelling article to include looking forward to community based interventions. While the programs analyzed here are specifically associated with therapy, their success wouldn't necessarily be isolated to a clinical setting- we can use this piece to inform discussions of helpful resources broadly, and how opportunities for social and personal fulfillment and engagement are useful to improving mental health. Additionally, this is the only meta analysis referenced in the syllabus, and would expose students to a different research method.

Other Predictors of Wellbeing

I felt the need to break this week's topic up with a more novel format, and provide an opportunity for student engagement, having covered the lion's share of course content. I was also looking for a way to incorporate topics that came up in initial research for this project but which were ultimately excluded as isolated topics in favor of exploring more universal themes through the aging process. I also thought this would be a good place to ask people to take more personal investment and interest in the course, and find what they connect with. To support this, I have noted this as another opportunity for students to engage in the intergenerational element of the

course, with local seniors invited back to the classroom to participate in discussions following these presentations.

The examples and resources I have provided concern location, socioeconomic conditions and/or financial decision making, retirement and/or relationship with work, religion, and residential situation. I regret that I did not have more room in the project for religion, which I find to be a really interesting psychological variable across any population, but especially the elderly, more of whom report being religious. I feel similarly regarding socioeconomic status, which is an important contributor to the well being of any group, and is especially dynamic discussing a population that is working less, given retirement norms, or who have fewer job options available to them tracing hiring and mobility trends (Luanaigh et al., 2008). These lapses are weaknesses in the course, so it is very important to me to represent them here, and to hopefully incorporate them in an even more meaningful way, with more direct student participation in learning.

Physical Disability and Geropsychology

Moving deeper into the social and community portion of the course, I chose to focus on variables that influence relationships and a person's positionality engaging with their community and associated resources. I began with individuals living with physical disability, given how the aging process often creates disabling conditions for people who were otherwise able bodied through their lives. This portion also considers seniors who have been disabled throughout the majority or entirety of their lifetime, and may be better prepared for this aspect of the aging process. Given that a few other weeks of the course touch on disability, I considered not isolating it as a week in the course. However, given that I have not heard it spoken of often in many psychology classes, and it is such a prevalent condition in elderly people across demographic

groups, I chose to spend more time on it. I also think it leads into an interesting conversation about accessibility and intersectionality in creating more inclusive communities. It is also distinct from other marginalized identities in the same way that age is— unlike race or sexuality, it may be developed across the lifetime.

One of the two articles for this unit focuses on population trends in disability, and illustrates that, despite lengthening life spans causing concern about upwards trends in disability in older populations, this is not actually the case. This has encouraging implications for the benefits of preventative care and a better educated public (Waidmann, 2000). Note that these data were collected and analyzed pre-pandemic.

The other article focuses on more individual determinants and outcomes of physical disability, noting the toll that a disabling event can take on one's mental health, and emphasizes personal perception of one's own physical ability levels and ability to accomplish what they would like to throughout their days (Kempen et al., 1999). Jointly I intend the two pieces to provide a wider scope on how individuals or communities may better organize around disabled individuals.

Community Engagement Resources

In the last section of the course syllabus, I wanted to take throughlines from what I learned putting together the syllabus, and what is represented in course content, and assert that this course would be best concluded by focusing on community based approaches that successfully target and serve the elderly by improving social networks, psychoeducation, and legislative advocacy. This draws upon the biopsychosocial element of the course, and thinking about many elements of an individual's life, rather than just clinical care, as opportunities for positive psychological intervention. Before getting into direct work that does this, I wanted to

look at research that showcases the positive effects of related efforts on psychological outcomes in the elderly. I intend that by this time in the course, what has been shown about the specifics of geriatric experiences across subjects will make a lot of this portion feel intuitive.

Literature on this subject is sparse, but what exists is well supported by social network research and literature concerning resource accessibility. Taken together, the two articles I selected provide a useful overview of how researchers approach evaluating these efforts. The article concerning Bangladeshi elders outlines eight major contributors to developing elder-friendly spaces and communities, which include social participation, and, for the first time in the course, public transit (Hossen, 2023).

I also assigned an article concerning productive emotional outcomes of participating in community. The authors discuss continued desire within elderly populations to be generative and participate in the output of social or tangible value, or continue working towards goal achievement, as a younger person might. This, the authors say, could take any form the individual feels are appropriate, be it care roles, volunteering, work, or study, and is closely associated with cultural expectations for generativity in productive citizens— their framework and results specify that generativity as a broad desire is not solely what provides need satisfaction. (Hofer, 2016). This is consistent with other course discussions of participation in family, community, and recreation.

While considering modeling communities and practices that best serve the elderly, I produced the group project outlined in the syllabus, in which students work in groups to find a housing or community living solution that they would feel comfortable recommending to an older person in their life. This would be a casual activity, primarily meant to demonstrate the multitude of choices available, and to think about how to assess best practices in residential

situations. This could also be a place to consider how for profit institutions market themselves to a possibly overwhelmed consumer. It would also provide a callback to earlier course content on predictors of wellbeing, including socioeconomic factors and accessibility concerns.

Aging Well and the Twin Cities

This is the most novel part of the course and was the trickiest to develop. This part of the course was the most important to me, though it ended up being less extensive than I initially imagined it, and the ethic behind it was absorbed into other course elements, like the group project, and final project.

What I ended up compiling for the syllabus provides a brief introduction to approaches within the Twin Cities specifically serving elderly populations. The resources provided come from a diverse set of institutions in type and mission, including the University of Minnesota, one nonprofit, and advocacy/mission groups who provide materials that inform legislators, some of which are resources produced in the last year or two, and some that have existed for decades. A lot of the resources provided are too extensive for an exhaustive examination, though they are all relatively accessible and easy to read or navigate, so the focus project for the week is meant to help people choose what type of mission they are most interested in and reflect on how effectively it is being implemented.

Final Project

As described in the course syllabus, the final project for this course would be very flexible in terms of form and content. As emphasized, there is a great deal of diversity in focus and anticipated outcome through this field, so the goal is for students to find a topic they personally connect with. The more creative projects also ask that students apply course materials to real-life situations, that may be, or become realities in their lives, fulfilling my goals for

course utility. Projects would be done individually, but the last week is reserved for presentations that would be generative and productive. Local seniors would be invited to participate throughout this week, and the project is designed such that revisions could be made based on recommendations and discussion from the class community.

Strengths, Limitations and Looking Forward

The truly exciting part of working on this project was how broad I found the field to be— I specifically remember reading an article on the impact of age on making financial decisions, and worrying about how I could or would do geriatric psychology any kind of justice. That can be considered both a strength and a weakness of the course: it is naturally very far from exhaustive, but it provides some context on how studying the specific psychology of aging, or elderly populations touches every sub discipline. This gives students and psychologists even greater incentive to be diverse and rigorous in their application of techniques and models. However, the breadth of the course means that there could be a point of interest for everyone, and hopefully, many opportunities to apply course material to one's own life and relationships.

Another strength of the course is that it is intended to have a local focus, though this is backloaded, and much of the academic research I used in developing and finalizing the project is international work. The local element of the course was important to me, as mentioned, in connecting people with their education— while rote psychoeducation does not always have the personal impact one might hope, at least in this field (Bartlett et al. 2022), I hope that providing very local context would combat this. I also believe that exposure to certain materials will expose students to career or community engagement varieties, in and out of psychology, that could be enriching beyond the course.

One of the bigger limitations of the project is that given its format, it is theoretically only available to enrolled college students, which dramatically restricts the age and demographic groups of the people receiving the content. The effort I have made to include analysis and appreciation for other forms of psychoeducation is a nod to this, encouraging people to continue seeking out and bolstering those resources. Additionally, as it was important to me to provide a broad survey of the field, much of what is provided here is relatively introductory level material. It would be excellent for future efforts to really zero in on interrogating the effectiveness of community outreach processes, perhaps via the development of more rigorous evaluation models and methods.

Conclusion

To restate, the goal of this process was to 1) develop a better understanding of field ethics 2) apply geriatric psychology to a more rigorous interrogation of personal biases, and 3) consider the way communities are constructed to serve the elderly, whether through traditional medical care, family care, or social networks. I believe there is a lot of beautiful and promising work being done in this field, and I am very excited to see how it continues to evolve, especially in the wake of the COVID-19 pandemic, and a heightened awareness of the elderly as a vulnerable population. The formatting of a course syllabus was intended to provide organization to these thoughts and emphasize throughlines in research and outreach efforts being done to improve mental health and psychological outcomes in aging populations. Age distribution across the population is changing (Levy et al., 2016), and the way we think about our elders and communities should too.

References

- Aday, R. H., Kehoe, G. C., & Farney, L. A. (2006). Impact of senior center friendships on aging women who live alone. *Journal of women & aging, 18*(1), 57-73.
- Adams, R. G., & Blieszner, R. (1994). An integrative conceptual framework for friendship research. *Journal of Social and Personal Relationships, 11*(2), 163–184.
<https://doi.org/10.1177/026540759411200>
- Ajrouch, K. J., Hu, R. X., Webster, N. J., & Antonucci, T. C. (2023). Friendship trajectories and health across the lifespan. *Developmental Psychology*.
<https://doi.org/10.1037/dev0001589>
- Advisory Committee on Aging. (2017, March 31). *Reframing Aging*. Saint Paul Minnesota.
<https://www.stpaul.gov/seniors>
- Bartlett, P., Solomon, P., & Gellis, Z. (2023) “They’re Not All Grumps”: A Qualitative Process Examination of Two Intergenerational Service Learning Programs, *Journal of Intergenerational Relationships, 21*(3), 402-424, DOI: 10.1080/15350770.2022.2081280
- Balouch, S., Rifaat, E., Chen, H. L., & Tabet, N. (2019). Social networks and loneliness in people with Alzheimer's dementia. *International journal of geriatric psychiatry, 34*(5), 666–673. <https://doi.org/10.1002/gps.5065>
- Cacioppo, J. T., Hawkley, L. C., Crawford, L. E., Ernst, J. M., Burleson, M. H., Kowalewski, R. B., ... & Berntson, G. G. (2002). Loneliness and health: Potential mechanisms. *Psychosomatic medicine, 64*(3), 407-417. doi:10.1097/00006842-200205000-00005
- Cohen-Louck, K., & Aviad-Wilchek, Y. (2020). Suicidal tendencies, meaning in life, family support, and social engagement of the elderly residing in the community and in institutional settings. *Isr J Psychiatry, 57*(1)

- Dunkle, R. & Mikelthun, B. (1983) Intergenerational Programming. *Activities, Adaptation & Aging*, 3:2, 93-105, doi: 10.1300/J016v03n02_13
- Ermer, A. E., Segel-Karpas, D., & Benson, J. J. (2020). Loneliness trajectories and correlates of social connections among older adult married couples. *Journal of Family Psychology*, 34(8), 1014–1024. <https://doi.org/10.1037/fam0000652>
- Fingerman, K. L., Pillemer, K. A., Silverstein, M., & Sutor, J. J. (2012). The baby boomers' intergenerational relationships. *The Gerontologist*, 52(2), 199–209. <https://doi.org/10.1093/geront/gnr139>
- Fredriksen-Goldsen, K., Kim, H., Shiu, C., Goldsen, J., Emlet, C. (2015). Successful Aging Among LGBT Older Adults: Physical and Mental Health-Related Quality of Life by Age Group. *The Gerontologist*, 55(1), Pages 154–168, <https://doi.org/10.1093/geront/gnu081>
- Gardiner, A. (2019, Sept 5). 'I Put My Own Life On Hold': The Pain and Joy of Caring for Parents. *The New York Times*. <https://www.nytimes.com/2019/09/05/reader-center/taking-care-of-elderly-relatives.html>
- Giles, H., Ryan, E. B., & Anas, A. P. (2008). Perceptions of intergenerational communication by young, middle-aged, and older Canadians. *Canadian Journal of Behavioural Science / Revue Canadienne Des Sciences Du Comportement*, 40(1), 21–30.
- Geffen, L.N., Kelly, G., Morris, J.N. *et al.* Peer-to-peer support model to improve quality of life among highly vulnerable, low-income older adults in Cape Town, South Africa. *BMC Geriatr* 19, 279 (2019). <https://doi.org/10.1186/s12877-019-1310-0>
- Hagerty, B. M., & Williams, A. (1999). The effects of sense of belonging, social support, conflict, and loneliness on depression. *Nursing research*, 48(4), 215-219.

- Harwood, J., & Williams, A. (1998). Expectations for communication with positive and negative subtypes of older adults. *The International Journal of Aging & Human Development*, 47(1), 11–33.
- Hendrick, C., Wells, K. S., & Faletti, M. V. (1982). Social and emotional effects of geographical relocation on elderly retirees. *Journal of Personality and Social Psychology*, 42(5), 951–962. <https://doi.org/10.1037/0022-3514.42.5.951>
- Hildyard, K. L., & Wolfe, D. A. (2002). Child neglect: developmental issues and outcomes. *Child abuse & neglect*, 26(6-7), 679-695. doi:10.1016/S0145-2134(02)00341-1
- Hossen, M. S., Pauzi, H. B. M., & Salleh, S. F. B. (2023). Enhancing Elderly Well-being Through Age-Friendly Community, Social Engagement and Social Support. *American J Sci Edu Re: AJSER-135* 1-10
- Hofer, J., Busch, H., Au, A., Poláčeková Šolcová, I., Tavel, P., & Tsien Wong, T. (2016). Generativity does not necessarily satisfy all your needs: Associations among cultural demand for generativity, generative concern, generative action, and need satisfaction in the elderly in four cultures. *Developmental Psychology*, 52(3), 509–519. <https://doi.org/10.1037/dev0000078>
- Hwang, W., Kim, J. H., Brown, M. T., & Silverstein, M. (2022). Are filial eldercare norms related to intergenerational solidarity with older parents? A typological developmental approach. *Journal of Family Psychology*, 36(4), 585–596. <https://doi.org/10.1037/fam0000920>
- Kim EJ, Kang HW, Park SM (2020). A Meta-Analysis on the Effects of Therapeutic Recreation Programs for the Elderly. *International Journal of Environmental Research and Public Health*. 17(20):7367. <https://doi.org/10.3390/ijerph17207367>

- Kempen, G. I., van Heuvelen, M. J., van Sonderen, E., van den Brink, R. H., Kooijman, A. C., & Ormel, J. (1999). The relationship of functional limitations to disability and the moderating effects of psychological attributes in community-dwelling older persons. *Social science & medicine*, 48(9), 1161-1172.
- Korkiamäki, R., & Elliott O'Dare, C. (2021). Intergenerational Friendship as a Conduit for Social Inclusion? Insights from the “Book-Ends”. *Social Inclusion*.
<https://doi.org/10.17645/si.v9i4.4555>
- Lawton, M. P., Moss, M. S., Winter, L., & Hoffman, C. (2002). Motivation in later life: Personal projects and well-being. *Psychology and Aging*, 17(4), 539–547.
<https://doi.org/10.1037/0882-7974.17.4.539>
- Lee, G. R., Netzer, J. K., & Coward, R. T. (1994). Filial Responsibility Expectations and Patterns of Intergenerational Assistance. *Journal of Marriage and Family*, 56(3), 559–565. <https://doi.org/10.2307/352867>
- Levy, S.R. and Macdonald, J.L. (2016), Progress on Understanding Ageism. *Journal of Social Issues*, 72: 5-25. <https://doi.org/10.1111/josi.12153>
- Lichtenberg, P. A., Mast, B. T., Carpenter, B. D., & Loebach Wetherell, J. E. (2015). History and Status of the Field and Perspectives on Aging. *APA handbook of clinical geropsychology, Vol. 1*: 3-17.
- Lu, L. C., Lan, S. H., Hsieh, Y. P., & Lan, S. J. (2022). Effectiveness of intergenerational participation on residents with dementia: A systematic review and meta-analysis. *Nursing open*, 9(2), 920–931. <https://doi.org/10.1002/nop2.919>
- Luanaigh, C.Ó. and Lawlor, B.A. (2008), Loneliness and the health of older people. *Int. J. Geriatr. Psychiatry*, 23: 1213-1221. <https://doi.org/10.1002/gps.2054>

- Lytle, A., Macdonald, J., & Levy, S. (2023) An experimental investigation of a simulated online intergenerational friendship. *Gerontology & Geriatrics Education*, 44:2, 286-297, DOI: 10.1080/02701960.2021.2023810
- McFadden, S. H. (1995). Religion and well-being in aging persons in an aging society. *Journal of Social Issues*, 51(2), 161-175.
- McHugh Power, J. E., Steptoe, A., Kee, F., & Lawlor, B. A. (2019). Loneliness and social engagement in older adults: A bivariate dual change score analysis. *Psychology and Aging*, 34(1), 152–162. <https://doi.org/10.1037/pag0000287.supp> (Supplemental)
- North, M. S., & Fiske, S. T. (2013). A prescriptive intergenerational-tension ageism scale: Succession, identity, and consumption (SIC). *Psychological Assessment*, 25(3), 706–713. <https://doi.org/10.1037/a0032367>
- Nydegger, R. (2008). Psychologists and hospice: Where we are and where we can be. *Professional Psychology: Research and Practice*, 39(4), 459–463. <https://doi.org/10.1037/0735-7028.39.4.459>
- O'Dare, C., Timonen, V., & Conlon, C. (2021). “Doing” Intergenerational Friendship: Challenging the Dominance of Age Homophily in Friendship. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, 40(1), 68-81. doi:10.1017/S0714980819000618
- O'Dare, C., Timonen, V., & Conlon, C. (2019). Intergenerational friendships of older adults: Why do we know so little about them? *Ageing & Society*, 39(1), 1-16. doi:10.1017/S0144686X17000800

Pinquart, M., Sörensen, S. (2005). Ethnic Differences in Stressors, Resources, and Psychological Outcomes of Family Caregiving: A Meta-Analysis. *The Gerontologist*, Volume 45, Issue 1 90–106, <https://doi.org/10.1093/geront/45.1.90>

Quirke, E., König, H. H., & Hajek, A. (2019). Association between caring for grandchildren and feelings of loneliness, social isolation and social network size: a cross-sectional study of community dwelling adults in Germany. *BMJ open*, 9(12), 1-8, doi: <https://doi.org/10.1136/bmjopen-2019-029605>

Ramsey County Public Health. (2020). Healthy Aging: A Public Health Framework . [https://www.ramseycounty.us/sites/default/files/Departments/Public Health/Healthy Aging_A Public Health Framework_02.2020.pdf](https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/Healthy%20Aging_A%20Public%20Health%20Framework_02.2020.pdf)

Rainbow Health. (2023, November 9). *Aging Initiative*. <https://rainbowhealth.org/community-engagement/aging-initiative/>

Samanta, M.; Wilson, B., Santhi, K (2006). Alzheimer Disease and Its Management: A Review. *American Journal of Therapeutics* 13(6) 516-526, November 2006. DOI: 10.1097/01.mjt.0000208274.80496.fl

Senior Linkage Line. (2023, October 24). *MN Senior Services and Resources*. Minnesota.gov. <https://mn.gov/senior-linkage-line/>

Span, P. (2022, April 23). Exploring the Health Effects of Ageism. *The New York Times*. <https://www.nytimes.com/2022/04/23/health/ageism-levy-elderly.html>

Stelmokas, J., Cigolle, C., Rochette, A., Tolle-Fu, K., Surber, C., Bloor, L., & Lee, P. (2022). Integration of neuropsychological assessment and intervention services into a specialty

geriatric medicine clinic. *Professional Psychology: Research and Practice*, 53(5), 483–493. <https://doi.org/10.1037/pro0000394>

Thompson, L. W., Gallagher-Thompson, D., Futterman, A., Gilewski, M. J., & Peterson, J. (1991). The effects of late-life spousal bereavement over a 30-month interval. *Psychology and Aging*, 6(3), 434–441. <https://doi.org/10.1037/0882-7974.6.3.434>

University Of Minnesota. (n.d.). *Minnesota Northstar Geriatrics Workforce Enhancement Program*. Minnesota Northstar GWEP | Minnesota Northstar Geriatrics Workforce Enhancement Program. <https://mngwep.umn.edu/>

Utsey, S. O., Payne, Y. A., Jackson, E. S., & Jones, A. M. (2002). Race-related stress, quality of life indicators, and life satisfaction among elderly African Americans. *Cultural Diversity and Ethnic Minority Psychology*, 8(3), 224–233. <https://doi.org/10.1037/1099-9809.8.3.224>

Van Ness, P., Kasl, S.(2003) Religion and Cognitive Dysfunction in an Elderly Cohort. *The Journals of Gerontology: Series B*, 58(1), S21–S29, <https://doi.org/10.1093/geronb/58.1.S21>

Weststrate NM, Turner K, McLean KC. Intergenerational Storytelling as a Developmental Resource in LGBTQ+ Communities. *PsyArXiv*; 2023. DOI: 10.31234/osf.io/9t73u.

Waidmann & Liu. (2000) Disability Trends Among Elderly Persons and Implications for the Future, *The Journals of Gerontology: Series B*, 55(1), S298–S307, <https://doi.org/10.1093/geronb/55.5.S298>