

LEADER ACTIONS:

Prior to the presentation, add your name, county/district, and other desired information to this slide.

You may want to hand out the Fact Sheet at this time.





Objectives:

- Examine personal beliefs about aging
- Explore the dual ideas of loss and opportunity as they relate to aging
- Discover a balanced perspective of what it means "to age"



Hello everyone, and welcome. First things first: go ahead, take out a pen and paper. We're having a pop quiz today.

Hey, I saw those eyes rolling! Whoa! Feel like you're in high school again? Did your stomach tighten and sweat break out on your brow? Right now, we really are going to take a pop quiz of sorts, so please do get out your pens.

LEADER ACTIONS:

Have notecards and pens available for the audience.



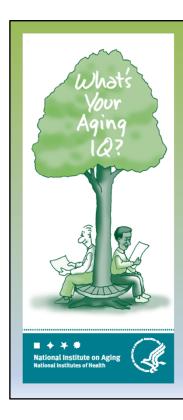
On these cards, I want you to write down your answer to this question: Who Is Old?

Now listen up—I don't want your refined, polite version—I want your real, honest-to-goodness thoughts. So take a minute and think about it. Don't put your name on it. Pass them up when you are done and I'll pick a few at random to share.

So, let's see what we've said.

LEADER ACTIONS:

Participant Engagement Activity #1. Wait for audience to complete this activity and then have them pass the notecards up to you. Read a few aloud.



Do most older people live by themselves?

Do people always get grumpy as they age?

Can too much heat or cold be dangerous for older people?

Will there ever be a "fountain of youth" pill?

The truth is that there's a lot of misconceptions and false beliefs about older adults and the aging process (1-2). Before we move on, I'm going to ask that you find your pens again. We're going to take a few moments and answer some of the questions in this booklet. Don't worry; I won't make you work through all of them! Just pick a few at random and circle your answer. Then check in the back of the booklet for the correct answers.

Did anyone find one of the questions and answers particularly surprising? Which ones?

There are some changes that come with normal aging. For instance, there are changes in vision, hearing, and some types of memory (3-4). However, it is important to note that aging is actually quite a diverse process. Indeed, there is more variability among older people than there is similarity among them (3; 5-6).

LEADER ACTIONS:

Participant Engagement Activity #2. Give audience members time to answer a few selected questions and check for the correct answers. Choose one or two of the questions to discuss as a group.

REFERENCES

(1) Kolsky, K. (2006, April). What's your aging IQ? (National Institute on Aging, National Institutes of Health Publication No. 03-5431). Retrieved November 21, 2012 from http://www.niapublications.org/tipsheets/pdf/Whats_Your_Aging_IQ.pdf.

- (2) Schaie, K.W., & Willis, S.L. (2002). *Adult development and aging* (5th ed.). Upper Saddle River, NJ: Prentice-Hall.
- (3) Gerontological Society of America, Advisory Board. (2012). *Recommendations for Communicating with Older Adults*. Available from The Gerontological Society of America, 1220 L Street NW, Suite 901, Washington, DC 20005.
- (4) Hedden, T., & Gabrieli, J. D. E. (2004). Insights into the aging mind: A view from cognitive neuroscience. *Neuroscience*, *5*, 87-97.
- (5) Centers for Disease Control and Prevention and the Merck Company Foundation. (2007). *The state of aging and health in America 2007*. Whitehouse Station, NJ: The Merck Company Foundation. Available at http://www.cdc.gov/aging.
- (6) Diehl, M.K. & Wahl, H.W. (2010). Awareness of age-related change: Examination of a (mostly) unexplored concept. *Journal of Gerontology: Social Sciences*, 65B(3), 340-350.

(Photo credit: Cover of the publication; downloaded November 21, 2012)

Age is not a particularly interesting subject. Anyone can get old. All you have to do is live long enough."

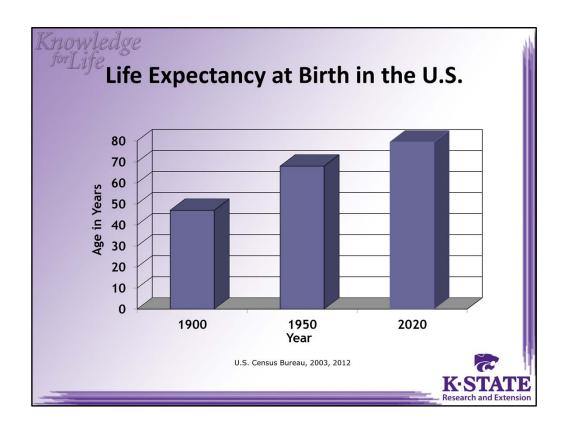
~Groucho Marx

But all of this brings us back to that original question: who exactly is old then? Well, here's what Groucho Marx had to say about old age. He stated, "Age is not a particularly interesting subject. Anyone can get old. All you have to do is live long enough" (7). Well, you all must find the subject interesting, at least, or you wouldn't be here! Hopefully, by the end of the day today, you will make up your own mind about what Groucho had to say.

I actually find aging pretty interesting too. We can think about it in so many ways. We can talk about it from a chronological standpoint—how many birthdays we have celebrated, which is Groucho's perspective. Or, we can talk about age in terms of functioning, which, as a concept, is concerned with what a person can accomplish or do rather than with the number of birthdays that an individual has experienced (8). Too, we can talk about age in terms of our social roles, which acknowledges that culture plays a part in determining what we think of as appropriate tasks or activities for different ages (9). We can also think about age subjectively—that is, in terms of how old we feel as opposed to how old the numbers say that we are (10). However, it is common in our society to use that "age 65" marker as the criteria for when someone magically moves into older adulthood. For the purposes of our discussion, we'll go along with that common, chronologically-based definition of 65+ years of age. So, let's talk about how many of us are—and will be—old, and what this means to us as individuals and to our society.

REFERENCES

- (7) Marx, G. (n.d.). *Quotation*. Retrieved November 21, 2012 from http://www.quotationspage.com/quote/27306.html.
- (8) Salthouse, T.A., (1986). *Functional age: Examination of a concept*. In J.E. Birren, P.K. Robinson, & J. Livingston (Eds.), Age, Health, & Employment (pp. 78-92). New York: Prentice-Hall.
- (9) Clark-Kazak, C. R. (2009). Towards a working definition and application of social age in international development studies. *Journal of Development Studies*, 45(8), 1307-1324.
- (10) Kaufman, G. & Elder, Jr., G.H. (2002). Revisiting age identity: A research note. *Journal of Aging Studies*, 16, 169-176.

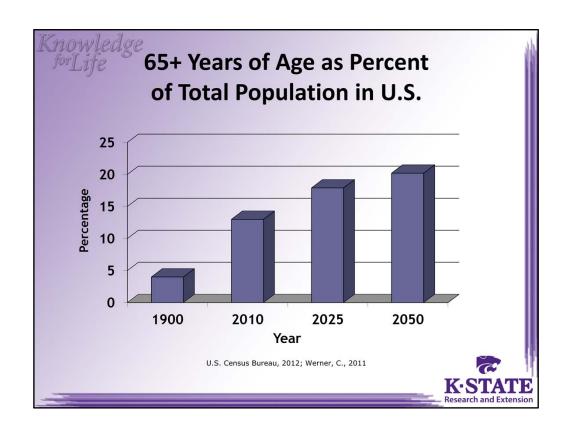


Now, life expectancy is important to all of us—on a very personal level. Life expectancy is the number of years, on average, that we can expect to live, given that we are born in a specific year.

In 1900, life expectancy at birth was 47 years of age. In 1950, that had risen to 68 (11). And, in 2020, the average life expectancy projection at birth is about 80 years of age-- 77 for men and almost 82 for women (12). James Vaupel, a researcher, puts this into a context that I really like. He talks about how life expectancy has increased by about 6 hours a day in the last two centuries (13)! But so what, really? What does that mean in terms of our society? Our communities?

REFERENCES

- (11) U.S. Census Bureau. (2003). *Statistical abstract of the United States* (No. HS-16. Expectation of Life at Birth by Race and Sex: 1900 to 2001). Retrieved November 20, 2012, from https://www.census.gov/statab/hist/HS-16.pdf.
- (12) U.S. Census Bureau. (2012). *Statistical abstract of the United States* (Table 104. Expectation of Life at Birth, 1970 to 2008, and Projections, 2010 to 2020). Retrieved November 20, 2012, from www.census.gov/compendia/statab/2012/tables/12s0105.pdf.
- (13) Vaupel, J. (Speaker; n.d.). *100 years and beyond: Increasing human life expectancy*. Retrieved April 26, 2011 from http://www.youtube.com/watch?v=f4ov1CqqMuM

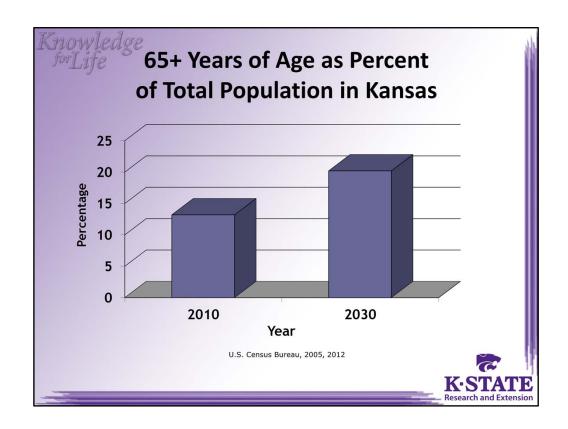


It means there are more of us "old folks". This chart demonstrates for us the rise in the percentage of folks age 65 or older. In 1900, only about 4% of the population in the United States were of this age or older. In 2010, those 65+ were 13% of the total population (14). In 2025 that is expected to rise to almost 18%, and in 2050 that number is expected to rise to just over 20% (15).

REFERENCES

(14) Werner, C. (2011). U.S. Census Bureau, 2010 Census Briefs, C201OBR-09, The Older Population: 2010, Retrieved November 20, 2012, from www.census.gov/prod/cen2010/briefs/c2010br-09.pdf.

(15) U.S. Census Bureau. (2012). *Statistical abstract of the United States* (Table 9. Resident Population Projections by Sex and Age: 2010 to 2050). Retrieved November 20, 2012, from http://www.census.gov/compendia/statab/2012edition.html.



The state of Kansas mirrors national population numbers. In 2010, a little over 13% of the entire population was 65+ (16). By 2030, 20.2 percent of Kansans will be age 65 or older (17).

So, more of us are living longer and are facing the aging process. But who wants to actually be a part of these stats? I'll bet very few of you answered the *Who Is Old?* question with a simple, one-word answer: ME. Did anyone?

The real question is: why do so few of us want to be thought of as old, and why don't we think of ourselves that way (18)? No, really—why? What do you think?

Well, you know when you only lived to be 47 years of age— on average— you didn't have a chance to die from Alzheimer's disease, or stroke. These are things we are seeing only because we have been so successful at preserving life into these older age ranges! Well, that's right, isn't it? In earlier times, men, women and children might die from a variety of acute illnesses. People didn't live long enough, for the most part, to acquire long-term chronic diseases (19). Another contributing factor is that women started having fewer children, which impacted the number of younger people present in society. All of these changes are relatively new within the context of human

history. We are just in the beginning stages of thinking about, and understanding old age in

modern terms.

The aging of the population has helped to create attitudes about growing older and older adults (20). Generally, you could say that there are two basic attitudes that most of us hold about aging, and neither one is very accurate or helpful.

LEADER ACTIONS:

Participant Engagement Activity #3. Ask questions as per the Speaker's Script and engage audience members in a discussion.

REFERENCES

- (16) U.S. Census Bureau. (2012). *Statistical abstract of the United States*. (Table 16. Resident Population by Age and State: 2010). Retrieved November 20, 2012, from www.census.gov/compendia/statab/2012/tables/12s0016.pdf.
- (17) U.S. Census Bureau, Population Division, Interim State Population Projections. (2005). Population Pyramids of Kansas, Percent of Total Population. Retrieved November 20, 2012, from http://www.census.gov/population/projections/data/statepyramid.html.
- (18) Sellers, D. (2009). So, how old is too old: A forced reflection on the meaning of old age. *Journal of Aging, Humanities, and the Arts, (3)*2, 140-143.
- (19) Molla, M.T., & Madans, J.H. (December, 2010). Life expectancy free of chronic condition-induced activity limitations among white and black Americans, 2000-2006. National Center for Health Statistics. Vital Health Stat 3(34).
- (20) Nelson, T.D. (2005). Ageism: Prejudice against our feared future self. *Journal of Social Issues*, (61)2, 207-221.



Ideas about aging help to formulate the attitudes people have about growing older. Attitudes can be both negative and positive, and within the realm of aging, both of these kinds of stereotypes exist.

One group of researchers (21) has suggested that negative attitudes and behaviors directed at older adults are caused by fears related to aging and death. In this view, every year that ticks by is just another indicator of old age and of upcoming loss. Old age—and especially when it gets personal—is viewed as a process of becoming less of whom and what you are. Physically, wrinkles, gray hair and liver spots detract from our persona and must be hidden, colored, or surgically corrected. Mentally, we can no longer remember names, do addition in our heads, and Alzheimer's disease looms large on the horizon. Functionally, we can no longer hike in [FILL IN NAME OF LOCAL PARK] or drive a car and a wheelchair and hospital bed is awaiting us (2; 22).

REFERENCES

(21) Martens, A., Goldenberg, J.L., & Greenberg, J. (2005). A terror management perspective on ageism. *Journal of Social Issues*, (61)2, 223-239.

(22) Taylor, P., Morin, R., Parker, K., Cohn, D., & Wang, W. (2009, June 29). *Growing old in America: Expectations vs. reality*. Retrieved April 3, 2011 from http://pewsocialtrends.org/2009/06/29/growing-old-in-america-expectations-vs-reality/



Can we fight it? ...anti-aging...

Another view may be categorized as "anti-aging," with a goal of retaining youth (23). Perhaps old age doesn't really have to occur...we can deny the aging process and refuse to think about the possibility of disease, frailty, dependence, and yes, the certainty of death (24-25).

In this view, old age is a fight that we will win. While we'll admit—grudgingly—that our chronological years are advancing, the truth is that we are not growing old, but better. We're retooling into new, improved versions of ourselves. We're becoming the people we always wanted to be, and we are, as Oprah put it, 'aging brilliantly' (26). But WE ARE NOT OLD! And, we never will be.

REFERENCES

- (23) Mykytyn, C.E. (2008). Medicalizing the optimal: Anti-aging medicine and the quandry of intervention. *Journal of Aging Studies*, 22, 313-21.
- (24) Rowe, J.W. & Kahn, R.L. (1998). Successful Aging. New York: Dell.
- (25) Weiss, M. (2002, October). Chasing youth. American Demographics, 35-41.
- (26) Oprah Winfrey Show. (2006). *Aging brilliantly*. Retrieved December 3, 2012 from http://www.oprah.com/oprahshow/Aging-Brilliantly/1



The holding of beliefs about people based solely on their age is called ageism and is an irrational prejudice similar to racism or sexism (27). And as we've seen, beliefs can center on negative views of aging, or they can fall into excessive positivism. The United States currently tends to lean toward those mostly negative attitudes and stereotypes (28). Too, younger adults tend to have a more negative attitude about their own aging than do older adults (22; 29). The reality is that numerous beliefs that Americans hold about aging are actually false (30).

REFERENCES

- (27) Butler, R.N. (2005). Ageism: Looking back over my shoulder. Generations, 29(3), 84-86.
- (28) Levy, B. (2003). Mind matters: Cognitive and physical effects of aging self-stereotypes. *Journal of Gerontology: PSYCHOLOGICAL SCIENCES*, *58B*(4), P203-11.
- (29) Chasteen, A. (2000). The role of age and age-related attitudes in perceptions of elderly individuals. *Basic and Applied Social Psychology, 22(3),* 147 156.
- (30) Palmore, E. (2005). Three decades of research on ageism. *Generations*, 29(3), 87-90.



So my question to you is: what are your beliefs? What road are you on? You don't have to answer out loud—just think about it. So, if we really think about all of this, think through the implications--and put all of it together...here we have an interesting challenge for our future.

What do I mean? Well, we know that people who think positively about their own aging actually do more for their own health (31). They also tend to report that they are more functional (32), and are more likely to recover from disability (33). And, here's something to really pay attention to: they tend to live longer (34)! And researchers have suggested that by changing the way American society views aging, we may help to reduce and prevent declines in function and consequences associated with those declines (35).

In our attitudes, we have the potential to craft our future. We are a society that is getting older, as we have seen. And, many of the members of this future hold negative attitudes about growing older. If we can ensure that the attitudes we hold about growing older are accurate, then there may be benefits for both us, as individuals, and for the society that we live in. What we believe influences how we act toward each other, what programs we choose to advocate for, what services we choose to provide...we need to be aware of our own attitudes and prejudices to best help ourselves and others (36-37). And, this is certainly possible; as education

can reduce ageism...we know that those who have more knowledge about the aging process hold less negative attitudes about aging (30; 38).

You know, it isn't about attitudes and stereotypes being bad or good. They actually serve a purpose; if our brains didn't work in categories, we'd be overwhelmed with processing (29). Where we get into trouble is when we don't take time to examine those stereotypes and attitudes periodically to see if they are valid or if they need a little tune up. I invite you to examine your own beliefs about aging. What road are you on?

REFERENCES

- (31) Levy, B. & Myers, L. (2004). Preventative health behaviors influenced by self-perceptions of aging. *Preventative Medicine*, *39*, 625-29.
- (32) Levy, B., Slade, M., & Kasl, S. (2002). Longitudinal benefit of positive self-perceptions of aging on functional health. *Journal of Gerontology: PSYCHOLOGICAL SCIENCES*, *57B*(5), P409-417.
- (33) Levy, B. Slade, M., Murphy, T., & Gill, T. (2012). Association between positive age stereotypes and recovery from disability in older persons. *Journal of the American Medical Association*, 308(19), 1972-73.
- (34) Levy, B., Slade, M., Kunkel, S., & Kasl, S. (2002). Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology, 83*(2), 261-70.
- (35) Hausdorff, J., Levy, B., & Wei, J. (1999). The power of ageism on physical function of older persons: Reversibility of age-related gait changes. *Journal of the American Geriatrics Society, 47*(11), 1346-1349.
- (36) International Longevity Center-USA, LTD. (2006). Ageism in America. (Available from: Intergenerational Longevity Center-USA, 60 East 86th Street, New York, New York, 10028)
- (37) Levy, B. (2009). Stereotype embodiment: A psychological approach to aging. *Current Directions in Psychological Science*, *18*(32), 332-336.
- (38) Palmore, E. (2005). Facts on aging quiz. In E.B. Palmore, L. Branch, & D.K. Harris (Eds.), *Encyclopedia of ageism* (pp. 136-138). Binghamton, NY: Haworth Press.



The two exaggerated ends of the continuum do have some grounding in the truth of old age. One accentuates the losses of old age, and the other approach highlights the opportunities. Many of us are most familiar with the losses associated with typical aging, as we discussed earlier. But there are also gains—did you know that older adults report better well-being than younger adults and that this may peak in our 70's (39-40)? Or that we really do seem to gain in wisdom as we age (41)?

The truth is that there are both losses and gains, and how we live in our old age is partially dependent upon how we balance those. How do we deal with the losses, and what do we make of our opportunities? How can we move beyond these stereotypical attitudes and come to find a balanced perspective?

REFERENCES

(39) Carstensen, L.L., Turan, B., Scheibe, S., Ram, N., Ersner-Herschfield, H., Samanez-Larken, G.R., Brooks, K. P., & Nesselroade, J.R. (2010). Emotional experience improves with age: Evidence based on over 10 years of experience sampling. *Psychology and Aging*, *26*(1), 21-33.

(40) Turk-Charles, S., Reynolds, C.A., & Gatz. M. (2001). Age-related differences and change in positive and negative affect over 23 years. *Journal of Personality and Social Psychology*, 80(1), 136-151.

(41) Grossman, I., Na, J., Varnum, M. E. W., Park, D.C., Kitayama, S., & Nisbett, R. E. (2010). Reasoning about social conflicts improves into old age. *Proceedings of the National Academy of Sciences of the United States of America*, 107(16), 7246-7250.



One way to think about aging is as another stage in life's journey. First, let's realize that there are losses and gains throughout our lifetime...from the time we are born until the time we die....not just as we age (42-43). This idea is all about adaptability, and something called the SOC Model. Let's talk about Selection, Optimization, and Compensation (SOC).

Selection is just a fancy word for choosing activities and goals. This happens throughout our lives. People select certain goals as children, young adults, middle-aged adults, and as they grow older. When they choose one goal over another, then they are missing out on other opportunities. As a young adult, you might really want to become a mathematician. However, you have to have been born with a certain ability or propensity to do that kind of work and you have to be in an environment that supports your capacity to become one. And, if you choose to do that, you are not becoming something else; perhaps an accountant, or a rocket scientist. We select certain goals throughout our lives, and that means we miss out on other opportunities.

Optimization means simply that there are certain behaviors that you need to engage in to achieve those goals and to be successful. Optimization is really talking about the MEANS we use to get to our selected goal. For example, to become a mathematician, you have to be willing to devote a lot of time, energy, and money to get there. This might include going to school to become a mathematician, or devoting many hours to studying mathematical theorems. It might demand a lot of focus to be able to achieve the goal.

Compensation is what we do when the means or behaviors that we WERE using are no

longer available to us. We've had a loss in some way, and we have to figure out a new way to keep that goal alive. We might have to use other items, such as technology. Or, we may have to accept help from others. If we are trying to become a mathematician, and we can't read the little numbers in the textbook, we don't have to give up that goal. We may have to compensate by getting glasses, or a stand-up magnifying glass, for example (42; 44-45).

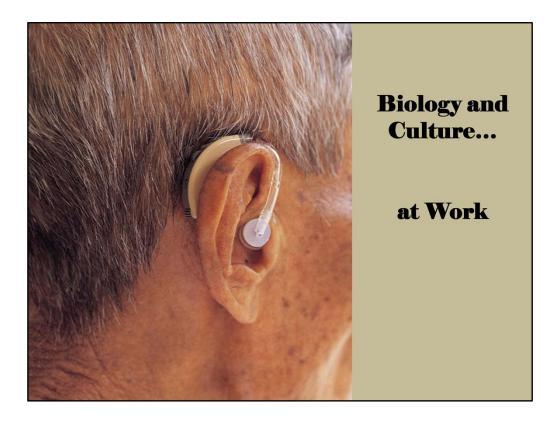
REFERENCES

- (42) Baltes, P. B. (1997). On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. *American Psychologist*, *52*(4), 366-380.
- (43) Freund, A.M. & Baltes, P.B. (2002). Life management strategies of selection, optimization, and compensation: Measurement by self-report and construct validity. *Journal of Personality and Social Psychology*, 82(4), 642-662.
- (44) Freund, A.M. & Baltes, P.B. (1998). Selection, optimization, and compensation as strategies of life management: Correlations with subjective indicators of successful aging. *Psychology and Aging, 13*(4), 531-543.
- (45) Lang, F. R., Rieckmann, N., & Baltes, M.M. (2002). Adapting to aging losses: Do resources facilitate strategies of selection, compensation, and optimization in everyday functioning? *Journal of Gerontology*, *57B*(6), P501.



In general terms, the SOC Model says that we are successful as human beings when we maximize our positive outcomes, minimize our challenges, and we use these three functions of S, O, and C to move us along. This is true for children, adolescents, young adults, middle-aged adults, and older adults. WHAT we select as goals, HOW we optimize our resources to be successful, and WHEN we use compensatory strategies are different across the lifespan, but this model suggests that we use these three life functions from infancy. The distribution may change—too, what we actually define as a 'gain' (desirable outcomes) or a 'loss' (avoidance of undesirable outcomes) might be different (42).

Let's talk about the Model specifically in terms of aging. There ARE biological changes as we age. Changes that are typical—we've talked about some already. But, we all age differently because of genetics and because of lifestyle. There's a process involved here. And the process includes biology and culture (42).



Biology and culture are intertwined. For example, the development of hearing aids has helped people with hearing deficits function better in society and remain independent. This is an example of how our culture, in terms of a technological invention, can intervene to help us with a biological loss. If we choose to use a hearing aid, we are using the technique of compensation (43). The SOC model gives us a way to respond to everyday demands in an adaptive manner, taking into account biology AND culture (42).



A classic example used to explain the SOC Model may be found within the story of pianist Arthur Rubinstein. At age 80, when asked how he could still be so proficient in his piano-playing, he said that he carefully chose just a few pieces that he was going to concentrate on (selection). He practiced these fewer pieces more often (optimization). And, because he can't play the faster parts as fast as he used to, he slowed down even more in the slower parts—which made the fast parts seem faster (compensation) (42). Genius! The SOC Model at work!



Let's take another example. At younger ages, living in our own home may be a goal. We want a place to raise our family. In order to do that, we work and make mortgage payments. These are the means we use to achieve the goal of living in our own home. We have a lot of other goals on our plate too.

As we age, however, living in our own home may become the primary goal, but for different reasons. Our family is gone, but we want to remain independent in our home community, with our neighbors and friends to support us. If we are retired, and the house is paid off, then our behaviors that will help us be successful are different. And that might mean that in order to stay in our house, we have to accept help from others; to do housecleaning, for example, or to come in and help us with a shower (45). We select our goal, optimize our ability to be successful, and compensate when needed.

As we age, we may choose to reduce the number of activities that we engage in, in order to save energy, for example (selection). We may have to invest more time and energy in certain goals in order to achieve them (optimization). Or, we may have to have more rest in order to do all that we want to do (compensation) (45). All our lives we are involved in this process of selection, optimization, and compensation. As we get older, the distribution of these three functions may change, and we may have to use compensation more than we have in the past.

With the SOC Model, it is all about balancing gains and losses. We do this through thinking about the goals we are going to select, the behaviors we need to engage in to get there, and being willing to compensate when needed. In using the SOC Model to our benefit, we can adapt.



When you take time to reflect on your life, where you've been and where you're going, perhaps you might conclude that life is about doing your best and living the best life that you can envision for yourself. It's about setting goals, figuring out how to get there, and finding another way when presented with some obstacle. You use the SOC Model, even though you didn't know that was what you were doing (43). You and others saw that as adaptive, indeed, even honorable, as you grew up and entered adulthood and even middle age. However, in the face of societal and personal stereotypes about aging, many of us lose sight of this fact as we age (42-43; 45).

Now, it's possible to see aging in the same way. It's about envisioning the best and most joyous old selves that we can; just like we always have; just like we've lived the whole of our lives (43; 45). Can we be the best old us that we can? Maybe we don't want to get there. Let's not give our lives away. Death is not something to aspire to.

But many of us are going to get to old age. So, maybe aging isn't a good thing. And maybe it isn't a bad thing. But it is...and that's the last, underlying, and irrefutable fact. The question—and decision—that faces all of us is what we are going to do with that fact.

Are we going to throw our hands up in defeat? Or, are we going to use these three

functions of selection, optimization, and compensation by choosing our most important goals, figuring out how to get there, and being willing to change tactics along the way if needed (44)? Will we commit to age as well as we can? Will we be willing to answer that *Who Is Old* question with the word...ME?



In light of your presence here today, what we have talked about and what we will talk about, I have a challenge for you.

What Are You Willing To Do? What is your old age future going to be?

You know that you are going to get older. Are you willing to examine the attitudes that you hold about that? Are you willing to think about aging as another stage of your life that involves a process of adaptation—the same process that you have been using your whole life? Perhaps, if we can change the way we think about growing older, then perhaps we might end up living our best life. I am going to ask that you commit to just one action in writing by completing this form; to actually make a plan. Make sure too, that you have a time period or situation attached to your action. Let's take a few moments to complete this form before wrapping up. I invite you to take this form home with you as a reminder to accomplish your plan.

LEADER ACTIONS:

Participant Engagement Activity #4. Pass out the "My Plan" form. Allow attendees to complete. Do not collect.

Knowledge forLife

Today, You Have...

- Examined your own beliefs about aging and the myths that exist within our society.
- Joined in an exploration of the dual ideas of loss and opportunity as we age.
- Discovered a balanced perspective of what it means "to age."

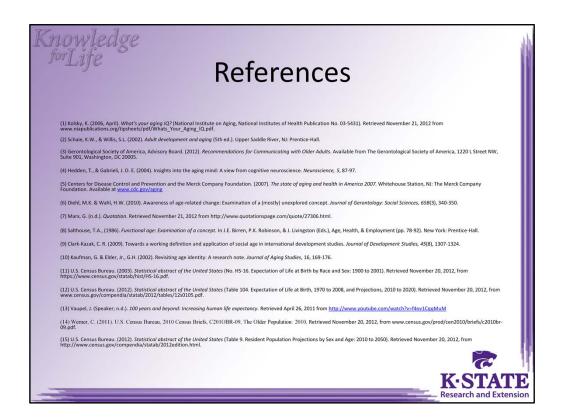
K-STATE Research and Extension

But...we are getting to the end of our time here today. Look at what you have learned!

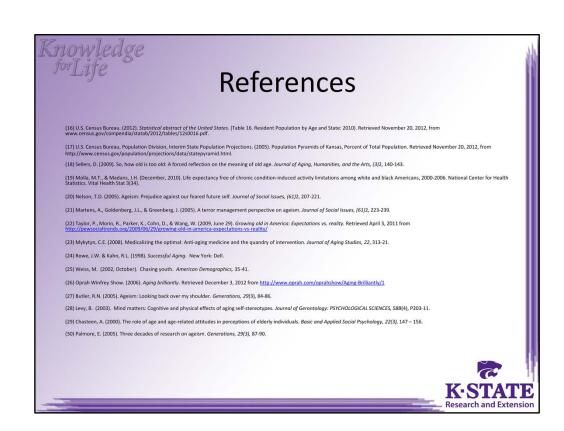
Before you leave, I do have an assessment form that I am going to ask you to fill out for me. We appreciate hearing from you. There is also a place where you may leave your contact information if you are interested in helping us out by completing a telephone interview with us in the next few months. However, everything on this form IS completely voluntary and anonymous. You don't have to put your name on the form. Just leave it (NAME LOCATION) on your way out. Thank you again for attending the program today.

LEADER ACTIONS:

Hand out post-assessment form. Collect. As people are completing the assessment form, show the references and credit slides.



This program does have a solid research base behind the points that we covered today as you can see by our list of references.





References

(31) Levy, B. & Myers, L. (2004). Preventative health behaviors influenced by self-perceptions of aging. Preventative Medicine, 39, 625-29.

(32) Levy, B., Slade, M., & Kasl, S. (2002). Longitudinal benefit of positive self-perceptions of aging on functional health. Journal of Gerontology: PSYCHOLOGICAL SCIENCES, 578(5), P409-417.

(33) Levy, B. Slade, M., Murphy, T., & Gill, T. (2012). Association between positive age stereotypes and recovery from disability in older persons. Journal of the American Medical Association, 308(19), 1972-73.

34) Levy, B., Slade, M., Kunkel, S., & Kasl, S. (2002). Longevity increased by positive self-perceptions of aging. Journal of Personality and Social Psychology, 83(2), 261-70.

(35) Hausdorff, J., Levy, B., & Wei, J. (1999). The power of ageism on physical function of older persons: Reversibility of age-related gait changes. Journal of the American Geriatrics Society, 47(11) 1346-1349.

(36) International Longevity Center-USA, LTD. (2006). Ageism in America. (Available from: Intergenerational Longevity Center-USA, 60 East 86th Street, New York, New York, 10028)

(37) Levy, B. (2009). Stereotype embodiment: A psychological approach to aging. Current Directions in Psychological Science, 18(32), 332-336.

38) Palmore, E. (2005). Facts on aging quiz. In E.B. Palmore, L. Branch, & D.K. Harris (Eds.), Encyclopedia of ageism (pp. 136-138). Binghamton, NY: Haworth Press.

(39) Carstensen, L.L., Turan, B., Scheibe, S., Ram, N., Ersner-Herschfield, H., Samanez-Larken, G.R., Brooks, K. P., & Nesselroade, J.R. (2010). Emotional experience improves with age: Evidence based on over 10 years of experience sampling. Psychology and Aging, 26(1), 21-33.

(40) Turk-Charles, S., Reynolds, C.A., & Gatz. M. (2001). Age-related differences and change in positive and negative affect over 23 years. *Journal of Personality and Social Psychology*, 80(1), 136-151.

(41) Grossman, I., Na, J., Varnum, M. E. W., Park, D.C., Kitayama, S., & Nisbett, R. E. (2010). Reasoning about social conflicts improves into old age. Proceedings of the National Academy of Sciences of the United States of America, 107(16), 7246-7250.

(42) Baltes, P. B. (1997). On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. American Psychologist, 52(4), 366-380.

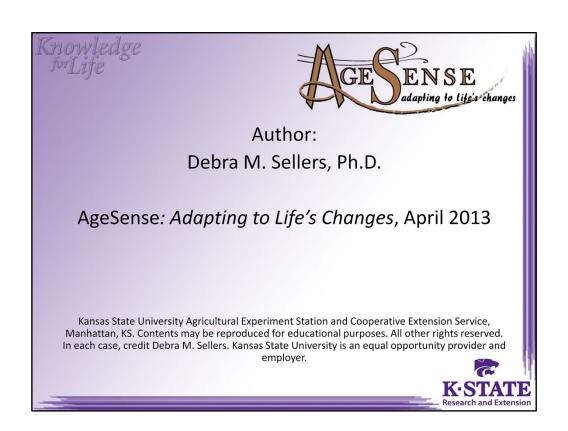
(43) Freund, A.M. & Baltes, P.B. (2002). Life management strategies of selection, optimization, and compensation: Measurement by self-report and construct validity. Journal of Personality and Social Psychology, 824(6, 642-652.

(44) Freund, A.M. & Baltes, P.B. (1998). Selection, optimization, and compensation as strategies of life management: Correlations with subjective indicators of successful aging. Psychology and Aging, 13(4), 531-543.

(4s) Lang, F. H., Neckmann, N., & Baltes, M.M. (2002). Adapting to aging losses: Do resources facilitate strategies of selection, compensation, and optimization in everyday functioning? Journal of Gerontology, 578(6), PS01.

Research and Extension

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Thank you again for coming today.