

WHAT A DRAG IT IS GETTING OLD: AWARENESS AND APPRAISAL OF AGE-RELATED CHANGE IN WHITE MEN BORN BETWEEN 1946 AND 1955

A Dissertation by

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WHAT A DRAG IT IS GETTING OLD: AWARENESS AND APPRAISAL OF AGE-RELATED CHANGE IN WHITE MEN BORN BETWEEN 1946 AND 1955

The following faculty members have examined the final copy of this dissertation for form and content, and recommend that it be accepted in partial fulfillment of the requirement for the degree of Doctor of Philosophy, with a major in Psychology.

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## DEDICATION

For my parents, whose late-life experience  
inspired my journey down a completely new path.

...Will you still need me, will you still feed me, when I'm sixty-four?  
--The Beatles, 1967

Here's to another year and let's hope it's above ground.  
--Carol Shields, 2011

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## ABSTRACT

This study used interpretive phenomenological analysis to examine the experience of age-related change of a sample of white men born during the first half of the baby boom. The specific research questions asked (a) the extent to which these baby boomers are aware of age-related change, and the meaning they make of it; (b) how age stereotypes affect their awareness of or the meanings they assign to age-related change; and (c) the extent to which social identity, especially identity as a baby boomer, affects awareness or appraisal of change.

Participants noticed physical, cognitive, and social changes. Physical changes were seen as inevitable and as minor annoyances. Cognitive changes were minimized by participants except those whose identities were closely bound to intellect and those with family with dementia. Some increases in cognitive strength were seen, including better concentration and an increase in wisdom. Social changes were seen as positive, with emphasis on deeper, more selective relationships rather than broader, more shallow interactions. Family increased in importance for many, including relationships with siblings and adult children. Participants reflected a sense of contentment with their lives, resulting from satisfaction with their life situations, a reduction in work stress, a sense of greater meaning in life, and awareness of positive aspects of aging. Participants had a very positive attitude toward older adults, and did not seem to apply aging stereotypes to their own lives. Baby boom identity was neither important nor relevant in their lives, although they felt a sense of common experience with other baby boomers. Other social identities were more robust and salient.

Overall, participants had positive feelings about becoming older. They see themselves as about a decade younger than their ages. They see opportunity and new experiences in their futures, and in general, they expect those futures to be lengthy.

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## CHAPTER I

### INTRODUCTION

Two statistics have become a mantra for researchers in aging:

- 70 million people were born in the United States during the postwar baby boom.
- 10,000 people reach age 65 every day.

For public policy analysts and economists, these numbers are apocalyptic: the most recent calculations indicate that Social Security trust fund reserves will become fully depleted in 2035 (Board of Trustees Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds, 2013) and the Medicare hospitalization trust fund will become fully depleted in 2026 (Boards of Trustees Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, 2013). For public health experts, there is a troubling resource impact of the aging of this large cohort: not only will larger numbers of people become older, more people will remain alive longer requiring more health resources. When health care workers born during the baby boom retire, there will be fewer workers available to replace them. Demand for health care workers will exceed supply. A major public health concern is how to compress morbidity into the latest years of life in order to reduce strain on health care delivery systems. But for many baby boomers, the sense of aging is simple and personal: “What a drag it is getting old” (Jagger & Richards, 1966). Who knew it would hurt to put your socks on in the morning? When did it become necessary to use reading glasses to check a price tag or to read the newspaper? Why do we now pay for those carefree summers in the sun with wrinkles and skin cancer?

It is in the interest of both individuals and societies for the aging process to be accompanied by health and happiness. However, in the United States negative stereotypes of the process of aging and of older adults abound and begin early. Children as young as age three have been found to have developed negative attitudes toward older adults, and negative stereotypes increase as children become more able to differentiate between adults who are younger and those who are older (Bigler, Jones, & Lobliner, 1997; Gilbert & Ricketts, 2008; Kang & Inzlicht, 2012; Rhodes, Leslie, & Tworek, 2012). Inevitably, however, if we live long enough, we become what we derogate, and our internalized stereotypes apply to ourselves. Aging stereotypes have been demonstrated in many studies to be related to negative outcomes, both physical and cognitive (e.g. Levy, 2003; Levy, Slade, Kunkel, & Kasl, 2002; Levy, Zonderman, Slade, & Ferrucci, 2009).

### **Overview of study**

Today there is a unique research opportunity to explore the experience of aging prospectively rather than retrospectively. This study examines the experience of age-related change and its meaning with a population that is just beginning to reach an age that has been considered in previous research to be “young-old”, “senior”, or “elderly.” Using the relatively new construct of awareness of age-related change (M. K. Diehl & H.-W. Wahl, 2010) as a structural framework, the experience of aging is explored through the theoretical frameworks of successful aging, stereotype theory, and social identity theory. This qualitative study uses interpretive phenomenology to examine the experiences of age-related change of a small criterion-based sample of white men born during the first half of the baby boom within the framework of the three theoretical viewpoints. Its aim is to provide insight into the lived experience of this sample, provide a basis for comparison with follow-up studies of other

carefully defined groups from this population, and suggest new research questions for larger samples.

### Awareness of age-related change

Diehl and Wahl (2010) have proposed awareness of age-related change as a multidimensional construct that unifies research from several disciplines into one integrated model (Figure 1).

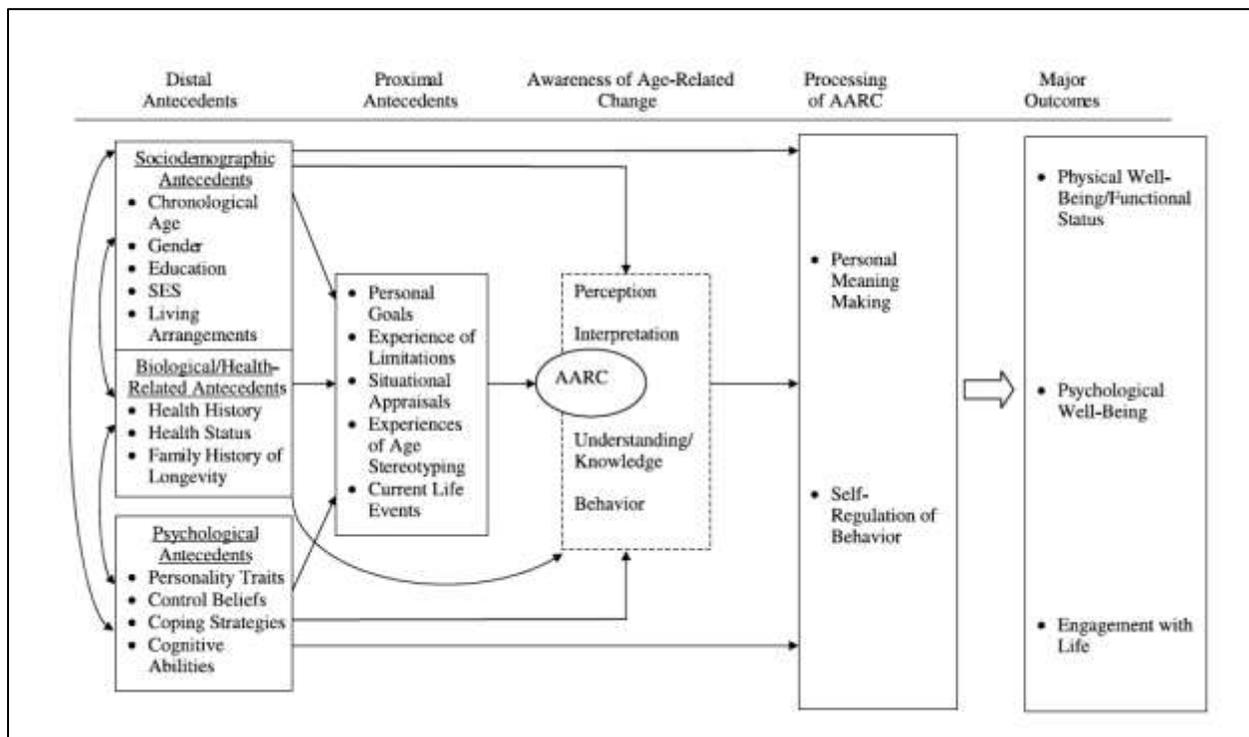


Figure 1. Conceptual framework for awareness of age-related change (M. K. Diehl & H.-W. Wahl, 2010).

The definition that they propose for this concept is “all those experiences that make a person aware that his or her behavior, level of performance, or ways of experiencing his or her life have changed as a consequence of having grown older...” (M. K. Diehl & H.-W. Wahl, 2010, p. 1). Diehl and Wahl suggest that awareness of age-related change should be studied

across five domains: health and physical functioning, cognitive functioning, interpersonal relations, social-cognitive and social-emotional functioning, and lifestyle and engagement. They argue that by studying this construct across multiple domains and in multiple contexts, research can focus on the extent to which awareness of change has an impact on later behaviors and meaning-making. This is the framework to be explored in this study using the theoretical context of three perspectives related to aging: successful aging, stereotype theory, and social identity theory.

### **What is “successful aging”?**

The concept of successful aging has been prominent in aging research for three decades, but its definition continues to be argued and refined. Across all arguments, successful aging is now conceptualized as multidimensional with physical, cognitive, and social components that intersect with the determinants of health identified in Healthy People 2020 (US Department of Health and Human Services, 2013): individual behavior, biology and genetics, social factors, health services, and health policy. Successful aging is a concept that gradually emerged after decades of theorizing aging as a dichotomous process of either normal or pathological progression. Before 1984, three prominent theories of aging emerged, all of which focused on a one-size-fits-all approach to the description of what happens psychologically and socially as people age: disengagement theory, activity theory, and continuity theory.

**Disengagement theory.** Disengagement theory proposes that aging inevitably results in disengagement from life and social involvement as aging adults accept their inevitable fate, and that this is normal aging (Cumming, Dean, Newell, & McCaffrey, 1960). The authors suggest that eccentricity emerges as people age as the normal result of the declining amount of interaction with others. This eccentricity is described as the change from “absorption with others

to absorption with self, and from evaluative to carefree” (Cumming et al., 1960, p. 32). This de-socializing process is described as universal, inevitable, and irreversible. If an older person remains engaged, the person is an “unsuccessful” disengager (Hochschild, 1975), and therefore unsuccessfully aging. Although disengagement theory is no longer considered an accurate model of aging, it is interesting that Carstensen’s theory of socioemotional selectivity (Carstensen, 2006; Carstensen, Isaacowitz, & Charles, 1999) parallels some of its tenets. This theory states that as people age and understand their time to be finite, their goals change from knowledge acquisition to deepening satisfying emotional relationships. As a result, social networks shrink in size as the person disengages from those connections which are less meaningful. Carstensen argues that this is not a result of aging, but a result of the perception of limited time, and that the same effects will occur with anyone who is faced with a finite time frame (Carstensen, 2006).

**Activity theory.** Activity theory emerged as researchers tested the assumptions of disengagement theory and could not find strong evidence to support the theory. Activity theory proposes that disengagement is the result not of the older person withdrawing from society, but the reverse: society pulling away from the person in spite of his or her desire to remain engaged (Havighurst, 1961). Activity theory argues that successful aging is the result of maintaining the activities and attitudes of middle age for as long as possible into old age. Successful aging requires a positive self-concept, and because of this it is important to maintain the role identities of middle age. Activity, especially interpersonal activity, provides the supports necessary for role maintenance and as a result, life satisfaction in old age (Lemon, Bengtson, & Peterson, 1972).

**Continuity theory.** Continuity theory elaborates the activity model and ties it to the idea of “normal aging” (Atchley, 1989). Continuity theory suggests that as people age, they try to continue their lives as closely as possible to usual using adaptive strategies that are familiar. The

desire for continuity extends to both internal psychological continuity and external continuity of social activity and relationships. This is accomplished as adaptation to “normal aging”, defined as typical patterns seen in human aging that is free of physical or mental disease (Atchley, 1989, p. 183). Atchley viewed continuity as an evolutionary response to aging that allows for a smooth transition into old age, at least until discontinuities arise as a result of “pathological aging,” during which illness and infirmity emerge.

**MacArthur Foundation initiative.** In 1984, The MacArthur Foundation Study of Successful Aging brought together 16 scientists from multiple disciplines in a landmark approach to theorizing aging from a positive and life-enhancing viewpoint. The aim was to understand the multiple dimensions of effective functioning in later life. This ten-year study resulted in hundreds of research studies and a transformation in the discussion about what it means to age successfully.

The first study to emerge from the MacArthur Foundation investment was published in 1987 (Rowe & Kahn, 1987). In this and subsequent studies (Rowe & Kahn, 1997, 1998), Rowe and Kahn argued that the standard approach to the study of aging ignored the heterogeneity of older adults and instead described an undifferentiated “normal” course of aging which was natural, inevitable, and beyond modification, leading to a limited “gerontology of the usual” (Rowe & Kahn, 1987, p. 143) that did not account for the impact of extrinsic factors such as diet, nutrition, exercise, or lifestyle. They developed a definition of successful aging that was aimed at distinguishing between what happens “normally” as people age and what they termed “successful aging”: aging with minimal loss or decline in function on three sets of factors. These three components are the low probability of disease and disease-related disability (including the absence of risk factors for disease); high cognitive and physical functional capacity; and active

engagement with life (including interpersonal relations as well as productive activity). In a review of some of results of some of the MacArthur studies, Rowe and Kahn noted that three results were found consistently. First, intrinsic factors are not the sole determinant of risk in aging. Extrinsic factors that are not caused by aging although they may change with age, such as diet and exercise, were found to play important roles in the risk of decline as age increases. Second, the relative contribution of genetic factors to risk of disease and loss of function declines with age and the contribution of extrinsic factors increases. Finally, some usual aging characteristics and risk factors can be modified, as seen in the impact of weight loss on blood pressure, insulin levels, and cholesterol (Rowe & Kahn, 1997), and as a result the likelihood of successful aging increases.

Rowe and Kahn argued that maximizing functional status across these three domains is critical to successful aging. They found a broad range of factors predicted maintenance of cognitive function, including education, physical activity, and perceived self-efficacy. Certain sociodemographic and health factors were predictive of change or maintenance of physical function. Older age, income less than \$10,000, higher body mass index, and high blood pressure all increased the likelihood of decline in physical function; moderate to strenuous physical activity and emotional support from family and friends predicted maintenance of physical function (Rowe & Kahn, 1997). In their view, older adults may “move in and out of success” (p. 439) as they age, and the speed and completeness of recovery and restoration of successfully aging defines resilience.

One of the most discussed aspects of Rowe and Kahn’s formulation of successful aging is the concept of engagement in “productive activity” as a component of successful aging. They define productive activity as “any activity, paid or unpaid, that generates goods or services of

economic value” (Rowe & Kahn, 1998, p. 167). They suggest that this is important from both personal and policy standpoints. Not only do people feel younger if they continue to be productive, but they are also viewed as adding value to society instead of being consumers of value through Social Security and Medicare payments (Rowe & Kahn, 1997). Self-efficacy, mastery, and control were consistently found in the MacArthur studies to predict productive activity in older adults (Rowe & Kahn, 1997, 1998). If the sense of self-efficacy increased, productive activity was found to increase; if the sense of self-efficacy declined, productive activity also declined (Rowe & Kahn, 1998).

**Criticisms of Rowe and Kahn.** The Rowe and Kahn model, although welcomed by many for its multidimensional approach to the study of aging, has been criticized by a number of researchers for ignoring spirituality (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002), for potentially marginalizing older adults with disabilities (Minkler & Fadem, 2002), and for focusing on individual factors at the expense of acknowledging the impact of and interaction with social structures and other extrinsic factors (Inui, 2003; Riley, 1998; Scheidt, Humpherys, & Yorgason, 1999). One of the most frequently mentioned criticisms of the Rowe and Kahn model is that it does not allow for subjective estimations of successful aging (Bowling & Dieppe, 2005; Cosco, Prina, Perales, Stephan, & Brayne, 2013; Laditka et al., 2009; Montross et al., 2006; Phelan, Anderson, Lacroix, & Larson, 2004). One systematic review of qualitative studies of successful aging found that older adults mentioned both intrinsic and extrinsic factors as important components of successful aging (Cosco et al., 2013). Other studies found that using the Rowe and Kahn model resulted in a much smaller proportion of older adults being rated as aging “successfully” than would be if subjective factors were included. A survey of 867 older adults found that about 50% rated themselves as aging successfully, but only 18.8% of the

sample was classified as aging successfully using the Rowe and Kahn criteria (Strawbridge, Wallhagen, & Cohen, 2002). Another study of 205 community-dwelling older adults found that 92% rated themselves as aging successfully, but of these, only 5% would meet all three of the criteria proposed by the Rowe and Kahn model (McLaughlin, Connell, Heeringa, Li, & Roberts, 2010). A cross-sectional study using pooled data from the Health and Retirement Study found that in any one year, less than 12% of older adults could be classified as aging successfully using the Rowe and Kahn criteria alone (McLaughlin et al., 2010). Recent studies have examined whether successful aging is best measured by objective or subjective criteria (Pruchno, Wilson-Genderson, & Cartwright, 2010; Pruchno, Wilson-Genderson, Rose, & Cartwright, 2010). The authors of these studies argue the importance of a life course approach to the evaluation of successful aging; they suggest that the route by which a person arrives at and experiences middle age determines what happens in later years (Pruchno, Wilson-Genderson, & Cartwright, 2010). In both studies, it was determined that both objective and subjective criteria are important to the construct of successful aging, and that both earlier and later life influences contribute to the evaluation of successful aging.

**Life-span models.** A related line of criticism of the Rowe and Kahn model is that it fails to account for the influence of the entire life span or life course (Pruchno, Wilson-Genderson, & Cartwright, 2010; Schulz & Heckhausen, 1996). Baltes and Baltes presented a life span theory of development in which development is seen as a series of ongoing gains and losses as life progresses (Atchley, 1989; Baltes, 1987; Hochschild, 1975). As age increases, the balance between gains and losses shifts, and losses begin to exceed gains. In this framework, successful aging is conceptualized as an adaptive process with three components: selection, optimization, and compensation. In this model, as people age they will make changes in goals or their

hierarchy of goals as they experience losses including losses in physical or cognitive function, social losses, or resource losses. As a result of the differences in selected goals, resources will be reallocated in order to achieve those goals. In order to accommodate any losses in those resources, new efforts will be made to compensate for the losses. As an illustration of this model, Baltes and Baltes present the example of a marathon runner who wants to continue to be competitive as he or she ages. Because this will require more effort with age, the runner will select running over other activities. The runner will also need to learn how to optimize the effects of training through better diet, different training techniques, or different timing of practice. Finally, the runner will need to learn how to compensate for age-related losses, perhaps by using different shoes or selecting races that are in congenial climates (Atchley, 1989).

Following Baltes and Baltes, Schulz and Heckhausen proposed a life span model of successful aging that focuses on the use of control strategies to manage gains and losses throughout the life course (Schulz & Heckhausen, 1996). The authors argue that as people age, in order to optimize development using selection and compensation processes, they must use two types of control processes. Primary control allows people to shape their environment in order to allow optimization; secondary control focuses on change within the individual. Primary control is described as involving behavior that engages the environment; secondary control involves cognitive processes within the individual. Schulz and Heckhausen suggest that as a person ages and losses begin to exceed gains, strategies shift from primary to secondary control. They propose that the successful life course is achieved when selection and compensation processes maximize a person's primary control over the life course. Because primary control is seen as most important because it allows the individual to have impact on his or her environment, this

theory suggests that physical functioning is a fundamental criterion for successful aging, and that cognitive and psychosocial criteria are secondary in importance.

**Constructive development theory.** Kegan's constructive developmental theory (Eriksen, 2006; Kegan, 1994, 1998) provides a developmental framework for successful aging as a movement from objective to subjective estimation. This theory suggests that in adulthood, people may access three different systems, two of which are most likely to affect the quality of aging. The first system, the socialized mind, demands internalization of and identification with the values, beliefs, and definitions of the environment in which people live. In this system, people are not separate from the demands of their community. Instead, the individual "is made up by' the values, beliefs, definitions of the surround" (Kegan, 1998, p. 202). Beyond the socialized mind lies the self-authoring mind, which allows the individual to create one's own system for accepting or rejecting expectations or demands of culture or society. Kegan states that this stage demands "the capacity to organize a personal psychological authority" (Kegan, 1998, p. 204), and that because of this, the self-authoring mind is the basis for immunity against negative stereotyping as aging progresses. Kegan indicates that in his studies, many adults do not reach this stage of development and that privilege in the form of education and socioeconomic status makes attainment of the self-authoring mind more likely (Kegan, 1998). However, he also notes that because of longer life spans, it can be expected that more people will reach the self-authoring stage.

### **Age stereotypes and successful aging**

Regardless of the theoretical approach to conceptualizing successful aging, dominant cultural stereotypes of aging pose a significant threat to well-being as people age. Negative attitudes toward aging are widespread in western culture, and these negative attitudes are

reflected in stereotypes of, prejudice toward, and discrimination against older adults. These stereotypes are established in early childhood (Gilbert & Ricketts, 2008; 1996; Newman, Faux, & Larimer, 1997) and elaborated throughout life, becoming embedded in our belief systems and our family and social interactions. Naming the stereotype begins a process of separating “us” from “them”, even if the name seems inoffensive and descriptive such as “elderly” or “senior citizen.” Once they become stigmatized as members of an outgroup, older adults lose status, power, and effectiveness, which in turn negatively affects physical, psychological, and social well-being. Moving from an ingroup of “not old” into an outgroup of “old” is inevitable if we live long enough, but concerns about joining this particular outgroup are so great that an increasing number of older adults make significant investments in attempting to manage the impression of age (Bayer, 2005; Martin, Leary, & Rejeski, 2000), or “passing” as framed earlier by Allport (1954/1979) and Goffman (1963). Men and women over the age of 50 now account for more than one-third of patients having plastic surgery or other cosmetic procedures to reduce the appearance of aging (American Society for Aesthetic Plastic Surgery, 2011). The global market for anti-aging skin products was valued at more than \$220 billion in 2013, and 75% of this is attributed to the baby boom cohort ("Antiaging products and services: The global market," 2013).

**Stereotype development.** In his early work on prejudice, Allport examined the origins of categorization, stereotyping, and the formation of intergroup biases through the lens of social psychology. Stereotypes result from the need to categorize: he noted “The human mind must think in categories...orderly living depends on it” (Allport, 1954/1979, p. 20). Allport identified five reasons for the need for categorization: categories provide guides for social functioning; they allow efficiency of interaction; they provide linkage among concepts so people can make

prejudgments and social adjustments; they provide a guide to appropriate emotions associated with concepts; and they can reflect irrationality and resistance to new information. He framed categorization as a normal and universal human activity by which people separate themselves into like groups, creating an “us” and a “them”. However, categorization forms the basis for stereotypes of others, which in their negative form lead to prejudice, stigma, and discrimination. Allport did not view categories and stereotypes as interchangeable. He defined stereotypes in relation to categories, as “...an exaggerated belief associated with a category. Its function is to justify (rationalize) our conduct in relation to that category” (Allport, 1954/1979, p. 191), and viewed stereotypes as often a “fixed mark” upon the category. Allport’s work prefigured both the sociological study of stigma and spoiled identity (Goffman, 1963) and the cognitive psychology approach to social schemas and stereotype formation (e.g. Fiske & Linville, 1980; Tversky & Kahneman, 1974).

*Stereotype structure.* Using a social cognitive perspective, age stereotypes can be conceptualized as person perception schemas describing a group of people in which age is the superordinate category with multiple subgroups or subcategories that elaborate the superordinate category (Brewer, Dull, & Lui, 1981; Hess, 2006; Hummert, 1999; Hummert, Garstka, Ryan, & Bonnesen, 2004; Hummert, Garstka, Shaner, & Strahm, 1994). Categorization occurs spontaneously as a byproduct of person perception; subtypes develop to allow for the incorporation of incongruent information (Cuddy & Fiske, 2004). These schemas are built from experience, and are used to organize perceptions of older adults as well as to make specific inferences about their thoughts and behaviors. Fiske and Linville (1980) suggest that social schemas serve at least three purposes: they provide a parsimonious way to enable long-term memory storage and retrieval; they serve a recognition function when processing information;

and they incorporate both declarative and procedural knowledge in that the schema can trigger a series of actions. In keeping with the efficiency of the schematic structure, Fiske and Linville also suggest that attitudinal and affective responses to a category are stored with that category so that they need not be newly generated every time the schema is activated. Stored affect and attitudes allow for creation of positive or negative valence of the stereotype and connect the schema or stereotype to behavior.

Although some aging attributes contained within these schemas are positive, such as happy, warm, and wise, many of the most prominent are negative, such as cranky, frail, and feeble. Many physical attributes are also stored in aging schemas: gray hair, wrinkled, hearing-impaired. Cognitive inferences are also part of aging schemas, with memory impairment and loss of cognitive speed being prominent. Ryan found that across all ages, memory impairment was expected in older adults (Ryan, 1992). In another study, Guo and colleagues found that memory failures in older adults were more likely to be attributed to lack of ability than memory failures in young adults (Guo, Erber, & Szuchman, 1999).

Age stereotypes are built of clusters of personality, physical, and cognitive attributes. Hummert, Garstka, Shaner, and Strahm (1994) named several aging stereotype attribute clusters that are commonly held across all age groups: Perfect Grandparent, John Wayne Conservative, Severely Impaired, Shrew/Curmudgeon, Despondent, Golden Ager, and Recluse. However, the authors found that the attributes contained within these clusters vary among young, middle-aged, and older adults. For example, although several attributes overlapped in the John Wayne Conservative cluster between young adults and older adults, young adults also identified political, emotional, and conservative as subcategories in that cluster. Older adults identified proud, determined, and wealthy within the same cluster. In addition, some clusters were limited

to particular age groups. Liberal Matriarch/Patriarch, a positive stereotype, was a cluster found only among middle-aged adults, and Vulnerable, a negative stereotype, was a cluster found only among young adults. Activist (positive) and Elitist (negative) stereotype clusters were found only among older adults. Studies by Hummert and others (e.g. Heckhausen, Dixon, & Baltes, 1989; Linville, 1982) found that older adults hold more complex and elaborated aging schemas than younger adults, presumably as a result of integrating their own experiences with advancing age. Often these schemas have more positive components, with the “typical old person” being more positively defined as people age (Hummert et al., 1994; Rothermund & Brandtstädter, 2003).

These lines of research focusing on multiple stereotypes of aging support these conclusions: (1) there is an overarching category of “older person” that encompasses many stereotypes of aging; (2) there are both positive and negative stereotypes of older adults, but there are more negative stereotypes than positive; (3) stereotype content includes physical, personality, behavioral, and social attributes; and (4) because age stereotypes are cognitive representations of individuals, they will vary by each person’s experience and stage in the life course (Hummert, 2011).

***Stereotype content model.*** The stereotype content model developed by Fiske, Cuddy, and others (Cuddy & Fiske, 2004; Cuddy, Fiske, & Glick, 2007; Cuddy, Norton, & Fiske, 2005; Fiske, Cuddy, Glick, & Xu, 2002) argues that social stereotypes can be captured in just two dimensions: competence and warmth. This approach results in four overarching stereotypes: cold/incompetent, cold/competent, warm/competent, and warm/incompetent. This research argues that social structure predicts in which quadrant a group is placed: perceived high status predicts competence and perceived lack of competition predicts warmth (Cuddy & Fiske, 2004). Warm and competent is the dimension that includes the ingroup; outgroups are contained

within the other three types. This line of research suggests that calculations of warmth and competence are made based upon the perceived potential harm or benefit of the stereotyped group's goals and the degree to which that group is seen as being able to enact those goals. Groups are evaluated based upon their potential impact on the ingroup.

In addition, an emotional component was found to be associated with the four possible combinations of stereotype content, with pity, envy, contempt, and admiration differentiating among the four (Fiske et al., 2002). Cuddy, Norton, & Fiske (2005) argue that this emotional component leads to prejudice, with admiration generally being reserved for ingroups and dominant social reference groups, but pity, envy, and contempt resulting in prejudice against specific groups. Cooperative groups are seen as warm, but competitors as seen as not warm; high status groups are viewed as competent while low status groups are viewed as not competent. Older people were found to be stereotyped as warm but not competent, along with housewives and people with cognitive or physical disabilities (Cuddy & Fiske, 2004; Fiske et al., 2002). As expected, these groups were seen as low status and not competitive. Older people were judged to lose traits associated with competence at an earlier age (age 72.3) than those associated with warmth (age 81.3) (Cuddy et al., 2005). This study also found that, when judged by younger adults, older targets seen as less competent were also seen as more warm. Another study found that younger adults attributed forgetfulness in older people to lack of ability, but older adults attributed forgetfulness to lack of effort (Guo et al., 1999). When plotted on the two dimensions of warmth and competence, Hess noted that even positive aging stereotypes can be characterized as negative along one axis (Hess, 2006).

These two approaches to stereotype structure and content are similar in that they assume the existence of an umbrella stereotype of older adults. However, the stereotype content model

develops a two-axis stereotype using dimensions of warmth and competence that are shared with other social groups. Multiple stereotype research has attempted to develop a full range of schematic attributes that vary in complexity depending on the age and experience of those holding the schemas. These two models should not be seen as mutually exclusive.

Aging stereotypes can affect the health and welfare of older adults in two ways: through stereotypes held by others and through self-stereotypes. Stereotypes held by others can affect the older population through ageism and age discrimination. Ageism and discrimination are one end of a continuum progressing from stereotyping to stigmatizing to discriminatory behavior.

**Stigma.** Stigma is a concept with no universal definition, and it is framed differently depending upon whether it is viewed through the lens of social psychology or that of sociology. However, most modern conceptualizations of stigma still reference Goffman's 1963 discussion of stigma as their foundation. In this book, he framed stigma as spoiled or tainted identity that fouls an individual's social identity in the eyes of others. If, in the eyes of others, a person is found to have an attribute that makes him or her different from the others with the same social identity, the person is "reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma...also called a failing, a shortcoming, a handicap" (Goffman, 1963, p. 3). More recent discussions of stigma emphasize its social nature: it is not inherent in the person but in a specific relationship or context, and often has a specific cultural meaning. Link and Phelan (2001) suggest a four-step process by which stigmatization occurs. First, differences must be distinguished and labeled: that driver looks old. Second, these differences must be associated with negative attributes or stereotypes: drivers who are old drive erratically. Third, "we" are seen as separate from "them": we are not old and we do not drive erratically. Finally, status loss and discrimination occurs: old people shouldn't be allowed to

drive because they drive erratically and are a menace. The ability to stigmatize others and discriminate against them depends upon power (Link & Phelan, 2001; Major & O'Brien, 2005); social, cultural, economic, and political power relationships provide the setting and tools to promote discrimination. Discrimination can operate on at least two different levels: discrimination against one individual by another, such as refusal by a supervisor to promote an older employee, and structural discrimination, such as mandatory retirement age or refusal of insurance coverage for pre-existing conditions.

***Fiske and North research.*** A recent line of research by Fiske and North argues that age-based prejudice is an understudied aspect of aging, especially ageism that results from intergenerational tension. In a critical review of existing research, they point out common effects of ageism and age discrimination, including the dismissal by health care providers of common ailments as “just getting old”; less favorable ratings of older job applicants; and an underrepresentation of interesting and vital older adults in media (North & Fiske, 2012). They suggest several reasons for concerns about intergenerational tension exacerbating ageism. First, competition over finite resources including health care funding, jobs, and financial security in combination with a large older population that lives longer and works later in life may function as a direct threat and exacerbate age prejudice. Second, prescriptive stereotypes may be violated in coming years as older adults fail to conform to traditional generational expectations of aging, so older adults may be seen as infringing on a younger age cohort’s privileges. Finally, a sense of age progression may be violated if younger age cohorts are unable to control resources such as wealth, seniority, or political power when it is their turn. This turn-based succession is seen as a generational expectation which may be challenged by the large baby boom age cohort.

In a 2013 paper, North and Fiske described six studies examining the relationship of prescriptive beliefs about aging to ageism. In three studies, they presented vignettes of fictive persons in succession, consumption, or identity scenarios, and participants rated the targets by warmth and competence (see Cuddy & Fiske, 2004). The remaining studies presented simulated online targets to be rated by participants of a broad age range using the same six conditions as the previous studies. These studies found that, using an approach with prescriptive rather than descriptive beliefs, younger raters compared to middle-aged or older raters had the most negative attitude toward older targets who violated prescriptive stereotypes. In addition, younger raters were more polarized toward older targets compared to younger or middle-aged targets who violated prescriptive stereotypes.

North and Fiske suggest that studies of ageism as well as public policy relating to older adults tend to collapse all older ages into one large cohort, which loses the detail contained in age discrimination directed at different groups of aging adults (North & Fiske, 2013b). Neugarten (1974) originated the division of older adults into the “young-old” (ages 55 to 75) and the “old-old” (age 75 and older). North and Fiske argue that most ageism theory focuses on issues of relevance to the old-old, and that this focus obscures the heterogeneity and difference in life circumstances of older adults in general. By focusing on issues such as fear of mortality, physical characteristics as stigmata, and favoring the healthy over the sick, North and Fiske suggest that ageism research fails to recognize issues of importance to younger older adults, such as workplace-related competition for position, or structural aspects of ageism such as the effects of public policy on availability of retirement funds and health care. They recommend a focus on understanding the different discrimination issues facing the young-old and the old-old, while also

recognizing that with better health and longer lives, even more subtypes may need to be considered in studying the effects of stereotypes, ageism, and discrimination.

**Aging self-stereotypes.** Studies suggest that, because of the prevalence of aging stereotypes, as we age we will be more or less likely to apply those stereotypes to ourselves depending upon the context of judgment and our social identity with an older age group (Hummert, 2011). Self-stereotypes have been proposed to have influence through either hot (explicit) or cold (implicit) stereotype activation processes. Hot processes involve emotional states that result from stereotype activation, such as anxiety or apprehension (Hummert, 2011; Steele, 1997; Steele, Spencer, & Aronson, 2002); cold processes involve automatic cognitive construct activation that results in changes in behavior (Bargh, Chen, & Burrows, 1996; O'Brien & Hummert, 2006; Wheeler & Petty, 2001).

**Hot processes.** Fiske suggests that motives and emotions form “the motor that translates cognitions into actions” (Fiske, 2005, p. 42). Studies have distinguished among four different hypotheses of how activated stereotypes affect older adults: comparison, externalization, stereotype threat, and internalization (e.g. Bennett & Gaines, 2010; Heckhausen & Brim, 1997; Pinquart, 2002; Rothermund & Brandtstädter, 2003). The comparison hypothesis suggests that age stereotypes can provide a benchmark against which people measure themselves. If comparisons are with age peers who are appraised negatively, the downward comparison allows people to feel more positively about their own status: we have met the enemy, and the enemy is nothing like us. The externalization hypothesis proposes that people compare themselves against an aging stereotype and assess their own age-related changes as typical or expected. The externalization hypothesis predicts a neutral or positive effect of negative age stereotyping on older adults; age-related changes are seen as no better but no worse than everyone else in the

same age cohort. Both of these hypotheses reflect a hot orientation: they depend on emotional responses to stereotype activation.

*Stereotype threat.* Stereotype threat, another hot process, was first discussed in terms of negative effects of stereotypes on women and African American students (Steele, 1997). Steele defined stereotype threat as “the event of a negative stereotype about a group to which one belongs becoming self-relevant as an interpretation for something one is doing, an experience one is having, or a situation one is in, that has relevance to self-definition” (Steele, 1997, p. 616). A threat results from awareness of stereotype-relevant cues, such as the appearance of age or frailty, which causes awareness of the stereotype-related implications of a situation. A performance effect results when people perceive that they are in situations in which the possibility exists that their behavior could reinforce a negative stereotype about a group to which they belong. The intensity of the threat varies with the level of identity with the stereotyped group, such as a gender, a cultural identity, or an age cohort. Steele identified five features of stereotype threat (Steele, 1997). First, it is a general threat that affects members of any group about which there is an established negative stereotype. Second, the activation of stereotype threat depends on a specific situation, such as a test of memory or balance in older adults. Third, because stereotype threat depends on an occurrence, the type and degree of threat varies depending on the context and on the group. Fourth, a person need not believe a stereotype or believe that it applies to him or her in order to experience stereotype threat. Finally, it is difficult to overcome stereotype threat by disproving a stereotype. Overcoming a stereotype in one setting does not mean that it will generalize to another setting. For example, an older adult performing better than younger people on tests of memory will not automatically get a pass on a test of physical strength. The threat reappears in different situations.

Stereotype threat may be moderated by situational factors or individual differences. Situational factors may include the difficulty of the task and level of frustration with the task; the level to which a task is believed to be diagnostic; and the perceived relevance of the stereotype to performance. Individual differences include the degree to which a person identifies with a domain being assessed; the degree to which a person identifies with the stereotyped group; and the degree to which the person is conscious of stigma. Proposed mediators of stereotype threat include level of effort, expectancies, anxiety, biological processes, stereotype activation, and stereotype suppression (e.g. Abrams, Eller, & Bryant, 2006; Hess & Hinson, 2006; Hummert, 2011; Wheeler & Petty, 2001), but support for these has been mixed.

*Stereotype threat and older adults.* Chasteen and colleagues first reported a direct test of the roles of age and stereotype threat in memory performance (Chasteen, Bhattacharyya, Horhota, Tam, & Hasher, 2005). In a study using sentence predicates representing different character traits, participants were told either that they would be asked later about their impression of the person described, or that they would need to remember the exact wording of the descriptions and would be asked questions about the descriptions. In addition they completed a lexical decision task designed to measure stereotype activation and other measures to assess affective outcomes including anxiety and apprehension. Finally, after the recall task, participants were asked about perceived stereotype threat relative to aging and memory. In the recall condition (repeating the descriptions exactly), stereotype threat was found to completely mediate the effect of age on memory. In the recognition condition (the impression formation condition), stereotype threat partially mediated the effect of age on memory.

*Hess research.* Hess and colleagues have developed a line of research examining stereotype threat in older adults. In a study exploring the relationship of age differences in

memory performance and stereotype threat associated with cultural beliefs about the connection between aging and memory (Hess, Auman, Colcombe, & Rahhal, 2003), it was found that under threat conditions, older participants performed worse than younger or no-threat condition participants on a memory task, and that these deficits increased relative to the importance of memory ability to the participant. This study noted that stereotype activation was necessary for threat to occur, but that it was not sufficient to impair performance. The authors suggest that additional contextual factors are necessary for impaired performance to occur, such as the relevance of the stereotype to the participant, the assessment being viewed as diagnostic of memory deficits, and the level of importance of memory ability. The study notes the constant environmental cues in daily life that activate aging stereotypes: media messages, portrayal of older adults in movies and television shows, targeted advertising messages, and the behavior of others. However, the authors suggest that cognitive restructuring of older adults' beliefs about control over ability may reduce the effect of stereotype threat.

Hess, Hinson, and Statham (2004) examined age differences in performance on a memory test under both implicit and explicit priming conditions. They found significant performance differences between older and younger adults in a condition in which participants were explicitly made aware that the memory recall task was diagnostic for assessing aging effects on memory, lending support to a stereotype threat interpretation of performance impairment. However, they did not find support for anxiety as a mediator of threat.

A study of middle aged and older hypertensive male veterans activated negative health stereotypes using a set of interview questions designed to activate stereotypes of sickness, loss of control, and dependence. Blood pressure and skin conductance were found to increase with stereotype threat in older participants (Auman, Bosworth, & Hess, 2005). This study raises the

question of whether older adults may be susceptible to double jeopardy in the activation of stereotype threat related to both aging and health because older adults tend to have more chronic health conditions than younger adults.

Hess and Hinson (2006) examined the impact of reading positive or negative information about aging and memory on a memory test. They found that the impact of this manipulation had minimal effect on the youngest and oldest participants. However, they found that the strongest recall effects of the negative information condition were in participants in their mid-40s, not in the oldest participants. Improved memory performance with negative information about aging was found in these middle-aged participants. This suggests the operation of stereotype lift, in which the performance of members of one group benefits by downward comparison to a negatively stereotyped other group. The authors speculate that these results indicate greater threat is experienced in a slightly younger age group because the threat of the old age label is greater for people at that age than for those who have been “old” for a longer period of time (Hess & Hinson, 2006). This also reinforces the importance of the interaction of individual and contextual factors in the activation of stereotype threat. Finally, this study did not find support for anxiety or strategy use as mediators of performance.

The results of this study were replicated in a later study that also examined stigma consciousness and level of education as moderators of performance on a test of recall (Hess, Hinson, & Hodges, 2009). In addition to finding evidence of greater threat in the “young-old” participant group, they also found that threat effects on recall were strongest in those in that group with higher levels of stigma consciousness and higher levels of education. They also found that for the “old-old” group of participants, stigma consciousness had a significant negative impact on recall performance among those with higher levels of education. The authors suggest

that although the study provides no support for working memory or affective responses such as anxiety as mediators of memory performance, the education impact demonstrates mediated moderation of performance.

Hess and colleagues also examined differential stereotype threat effects between recognition and knowing memory in older adults to determine whether threat effects generalize across different types of memory tasks (Hess, Emery, & Queen, 2009). In addition, they manipulated the demands of the memory task by introducing a time constraint condition. Negative threat effects on performance were significant only in the deadline conditions. When comparing recognition memory to knowing memory, there was little difference in knowing memory response rates across threat or time constraint conditions, but stereotype threat had a significant negative impact on recognition memory in the time constraint condition only. The authors speculate that the decline in recognition responses in the threat by deadline condition reflects increased demand on processing resources. Alternatively, they suggest that recognition and knowing responses may reflect different levels of the participant's confidence in his or her own performance, which is consistent with the association of stereotype threat with self-doubt. In addition, they conclude that although stereotype threat effects found in tests of free recall indicate that threat occurs at encoding, the results of this study indicate that threat operates during retrieval as well.

***Cold processes.*** In addition to stereotype activation through conscious, motivated processes, stereotypes have been shown to be activated as a result of processes that are outside conscious awareness and control. Implicit stereotypes may be held about others (e.g. Banaji, Hardin, & Rothman, 1993) or about the self (e.g. Levy, 1996). Susceptibility to implicit aging stereotypes, both those of others and one's own, may be especially high because without

conscious awareness, there is no motive to defend against them (Levy & Banaji, 2002). The effect of stereotypes held by others is translated into “implicit ageism”, which Levy characterizes as “the enemy within” (Levy, 2001; Levy & Banaji, 2002). Because aging self-stereotypes can operate implicitly, they may not be recognized as a possible cause of a health- or welfare-related problem that is viewed as “just getting old.”

One tool used to measure the presence of implicit age stereotypes is the Implicit Association Test (IAT), an instrument using response latencies of pairing responses to measure implicit attitudes (Greenwald, McGhee, & Schwartz, 1998). Using this instrument, Hummert and colleagues found more positive implicit attitudes toward the young than toward the old regardless of participant age, and a youthful age identity regardless of participant age (Hummert, Garstka, O'Brien, Greenwald, & Mellott, 2002). In a very large study including results from three datasets, Nosek and colleagues found a clear implicit preference for younger people across participants of any age, gender, race, geographic region, or political orientation (Nosek et al., 2007). In addition, another study found that although older participants reported positivity for older people on a conscious level, their IAT results showed a marked negativity toward older adults and positivity for younger people (Nosek, Banaji, & Greenwald, 2002).

Most studies of implicit age stereotyping rely on priming to activate stereotypes. Implicit primes are intended to act below a person’s conscious awareness, such as word flashes that are too fast for conscious processing. In a meta-analysis of 17 priming studies of aging, the most common dependent variable used was memory performance, a domain that has great relevance to older adults (Horton, Baker, Pearce, & Deakin, 2008). In addition, some studies examined physiological effects of priming, including blood pressure, walking speed, heart rate, and skin conductance. Another meta-analysis of stereotype priming effects on older adults (Meisner,

2012) found that negative stereotypes impaired behavior and positive stereotyping enhanced behavior, and that negative effects of stereotyping were about three times as large as positive effects when compared with a neutral effect.

Bargh and others demonstrated the negative effects of implicit priming of elderly stereotypes on younger participants in several studies (Banfield, Pendry, Mewse, & Edwards, 2003; Bargh et al., 1996; Dijksterhuis, Aarts, Bargh, & van Knippenberg, 2000), showing negative effects on walking speed, memory performance, and speed of executing a reaching and grasping action sequence. Hausdorff, Levy, and Wei (1999) demonstrated a different walking speed effect after implicit stereotype priming in participants 60 to 90 years of age. Their study showed that walk time decreased with positive primes but did not change with negative primes. The authors suggest that these results may indicate the possibility of attenuating the effects of negative self-stereotyping. Similarly, another study found that in a test of memory performance, positive implicit primes were associated with better recall than were negative primes (Hess et al., 2004). In addition, this study found the effect only with older adults; no priming effects were found for younger participants, suggesting the importance of self-relevance of a stereotype.

*Levy research.* A line of research developed by Levy and colleagues has used implicit priming methods to examine multiple effects of self-stereotypes of aging on older adults, especially health-related effects. Levy (1996) first explored the effects of positive and negative subliminal priming of aging stereotypes on memory performance, memory self-efficacy, and views of aging in adults age 60 and older. Participants were first presented with a battery of memory tasks. They were then subliminally primed with either with words representing a “wisdom” condition, or words representing a “senility” condition. They were then presented with another battery of memory tasks. Participants in the wisdom condition saw improvement in four

of five memory tasks; those in the senility condition experienced decline in four of five memory tasks. A second study repeated the same procedures with a group of participants between the ages of 18 and 35. No significant effects were found on any of the memory performance tasks. Two key inferences can be made from these two studies. First, the positive priming condition in the first study suggests that finding ways to alter the dominant aging stereotypes can improve memory outcomes for older adults. Second, the lack of significant results in the study with younger participants reinforces the earlier finding (Hess et al., 2004) that self-relevance is important for activation of stereotypes.

A 2000 study explored the effects of subliminal exposure to positive and negative aging stereotypes on cardiovascular functioning in older participants (Levy, Hausdorff, Hencke, & Wei, 2000). Participants were exposed to subliminal positive or negative stereotypes and then presented twice with mathematical and verbal challenges. Participants were also asked prior to each challenge to predict their performance on the mathematical challenge and used these predictions to calculate a self-efficacy score. Multiple physiological measures were taken at six points during the experiment. The authors found that participants in the negative stereotype condition experienced a significant increase compared with baseline measures in blood pressure and skin conductance measures. Participants in the positive condition experienced similar increases in these measures during the first set of challenges, but a decline back to baseline measures during the second set of challenges, suggesting that positive stereotypes helped them recover from the first challenges and protected them during the second challenges. Participants in the positive condition also performed significantly better on the mathematical challenge compared to those in the negative condition. In addition, participants in the negative condition predicted lower performance than those in the positive condition, suggesting a mediating effect

of self-efficacy between self-stereotypes of aging and stress. A later study using data from the Baltimore Longitudinal Study on Aging verified the impact of positive and negative aging stereotypes on cardiovascular event experience throughout the life span (Levy et al., 2009).

Levy, Ashman, and Dror (2000) used subliminal stereotype priming to assess the effects of aging stereotypes on the will to live. Both old and young participants were subliminally primed with either positive or negative age stereotypes, and then were asked to respond to questions about life and death decisions involving six scenarios with odds of recovery and odds of death. Half the scenarios included a statement about the burdensome cost of treatment and half included a statement that the treatment would require care from the participant's family for twelve hours every day. Responses were recorded on a Likert-type scale, and a will to live score was calculated by averaging the scenario scores. Priming did not affect the young participants' will to live scores, and their scores were higher than those of older participants. However, will to live scores of older participants who were exposed to positive priming were significantly higher than those of older participants in the negative priming condition, but were not significantly different from those of young participants. Religiosity, education, and self-reported health were not significantly related to will to live scores. Again, positive priming of age stereotypes seems to have the potential of altering outcomes for older adults, in this case choices relating to medical conditions.

Levy (2000) also studied the effect of subliminal priming with age stereotypes on handwriting. A sample of older adults was subliminally exposed to either positive or negative age stereotypes. Handwriting samples were produced by the participants both before and after priming. The post-priming samples were compared to the pre-priming samples by a group of younger raters and judged by how well they could be characterized by six different descriptors.

The handwriting in samples produced by participants exposed to negative stereotypes was rated as older, and as deteriorating, senile, and shaky compared to pre-exposure handwriting samples, and the post-exposure handwriting produced by participants exposed to positive stereotypes was rated as younger and as accomplished, confident, and wise compared to the pre-exposure writing sample.

In a recent study, Levy and Leifheit-Limson (2009) examined stereotype matching effects on cognitive and physical performance of older adults in order to determine whether impact of age stereotypes on performance increased if the stereotypes matched the outcome domains of interest. Participants were age 60 and older among whom there was no significant difference among participants in age, gender, self-reported health, depression, or responses on a short version of the Mini Mental State Examination (Callahan, Unverzagt, Hui, Perkins, & Hendrie, 2002). Participants were subliminally primed with either positive or negative stereotypes relating to either cognitive or physical performance, and then tested with both a memory task and a physical task. Results showed that the influence of the stereotype valence was strongest when the stereotype content matched the task. Those exposed to the positive-cognitive age stereotypes performed best on the cognitive task, followed by those in the positive-physical stereotype condition, followed by those in the negative-physical stereotype condition. Those in the negative-cognitive condition performed worst on the cognitive task. The same matching order was found for the physical task outcome. Those in the positive-physical stereotype condition performed best, followed by those in the positive-cognitive condition, followed by those in the negative-cognitive condition. Those in the negative-physical stereotype condition performed worst on the physical task. The authors suggest that although these results were demonstrated

experimentally, it is likely that they would be replicated in the field because age stereotypes in everyday life are often received in a subtle, subliminal fashion.

This study and the previous one provide support for the finding in other studies that valence of a stereotype as well as its relevance increases its effect. Although matching stereotype domain to outcome domain resulted in the greatest performance impact in the 2009 study, participants exposed to positive stereotypes performed better than those exposed to negative stereotypes regardless of domain. Personal relevance and the power of positive stereotypes in self-fulfilling prophecies are especially relevant when considering how to prevent or reduce the impact of age stereotyping.

Levy uses her experimental studies as well as later longitudinal studies to propose an age-stereotype embodiment theory to explain how age stereotypes are internalized, activated, and how they affect individuals over a lifetime (Levy, 2009; Levy & Myers, 2004; Levy, Slade, & Kasl, 2002; Levy, Slade, Kunkel, et al., 2002; Levy et al., 2009; Levy, Zonderman, Slade, & Ferrucci, 2012). This theory proposes that age stereotypes are embodied when they are assimilated into self-definitions that influence functioning and health. It suggests that age stereotypes become internalized over a life span; that they can operate unconsciously; that they become salient through relevance to the individual; and that they work using psychological, behavioral, and physiological pathways. The embodiment process can be conceptualized as operating both vertically and horizontally: in a top-down process from society and culture to the individual, and in a temporal process from childhood to old age.

**Common themes.** Three common themes emerge from age stereotyping studies that are of particular importance to the research questions in this study. First, older adults will be more sensitive to stereotypes that are self-relevant, and the threshold for activation of those stereotypes

will be lower for those for whom a stereotype is relevant than for those for whom it is not. Second, aging self-stereotypes do not require awareness to have an impact on physical, cognitive, psychological, or physiological outcomes. Finally, both positive and negative aging stereotypes can be activated, and the effect of positive stereotypes may be able to offset the impact of negative stereotypes.

**Coping with negative age stereotypes.** Several types of coping responses to age stereotyping have been studied. As noted earlier, one way of coping with negative age stereotyping is to attempt to reduce or manage the physical appearance of age. Impression management also includes efforts to present the impression of self-reliance, competence, and unimpaired psychological functioning (Martin et al., 2000). This may include attempting to conceal age-related declines by refusal to wear hearing aids or reading glasses, or use a cane. The appearance of memory failure is especially threatening, and is often managed by use of excuses, bluffing, or denial. Under certain circumstances, the use of excuses has been found to be effective in “damage control” (Erber & Prager, 2000): the excuse must be contextually plausible, and it must come after the forgetfulness incident rather than before.

As discussed earlier, there are other mechanisms which allow older adults to manage the effects of negative self-stereotyping. Downward social comparison allows older adults to defend against negative age perceptions by comparing themselves with their peers, and determining that they are doing better in terms of the comparison domain—physical condition, memory, appearance—than others their age (Bennett & Gaines, 2010; Pinguart, 2002). Externalization provides a mechanism by which individuals can revise their expectations downward or upward based upon what is considered to be “normal” for their age (Bennett & Gaines, 2010; Rothermund & Brandtstädter, 2003): older people are expected to be less energetic or to become

forgetful, so individuals may accommodate these limiting stereotypes more easily. However, studies have also found that the stereotype of the “typical old person” tends to become more positive as people become older, so this allows for revisions of the “normal” stereotype upward with age (Rothermund & Brandtstädter, 2003). Brandtstädter and Rothermund (2002) have proposed a dual-process theory that includes both assimilation and accommodation that allows for downward comparisons as well as compensation strategies earlier in the aging process, followed by flexible accommodation of some components of age stereotypes with increasing age. Their longitudinal studies found that compensatory efforts increased up to the age of 70, and then declined (Rothermund & Brandtstädter, 2003).

**Weiss research.** In a recent line of research, Weiss and colleagues have examined the use of generational identity as a buffer against age stereotyping. Weiss and Lang (2009) addressed whether identity with a social group rather than with an age cohort can provide protection against self-stereotyping. They found that older adults differentiated between people who are their age and people with the same generational identity, and preferred using their generational identity. Younger and middle-aged adults did not distinguish between the two. Their results showed that older adults in their sample held meaningful representations of their generational identity, with a focus on socially shared experiences and a common fate. However, their age cohort was associated more with threats and negative aspects of old age. The authors found that for older adults, identification with their age group had a negative relationship to psychological well-being but identification with their generation was positively related to psychological well-being and a less fixed future time perspective. Older participants who feel younger than their age were found to have lower levels of identification with their age group, but this was not related to their level of identification with their generational group. In a later study (Weiss & Lang, 2012b), the

authors explored how older adults move from age identity to generation identity, and the content of their cognitive representations of both identities. They found that with age, adults shift their self-categorization from age-related to generation-related, and that this shift increased with age. They also found that generation identity provided older adults with a sense of belonging, positive self-regard, meaning, and agency. Cognitive representations of their generation identities were associated with shared experience of historical events and changes. Participants thought about people of the same age group in terms of stereotypical physical or behavioral characteristics, but thought of their generational cohorts in terms of common experiences and agency, suggesting that a generationally-based group identity supports a more positive image of older adults. In other studies, Weiss and colleagues examined dissociation from an age group as a defensive strategy for older adults. A 2012 study (Weiss & Lang, 2012a) found that different levels of identification with the age group influenced participants' subjective age and sense of time: dissociation from the age group was found to be positively related to younger age identification and a longer future time perspective. In addition, the authors found that differentiation from the age group moderated the effect of negative age-related information and implicit attitudes on older adults' explicit and implicit self-esteem. In another study, Weiss and Freund (2012) argued that, rather than assimilating negative age stereotypes automatically, older adults react to negative, loss-related stereotype information by differentiating themselves from their age group. They found that when negative and positive age stereotypes were activated, negative information increased salience of age for the self-concept and also resulted in a gaze preference for middle-aged faces as reflecting perceived similarity. In addition, they found that activation of negative age-related stereotypes resulted in the simultaneous distancing of the participant from same-aged individuals and assimilating to middle-aged individuals. Finally, a recent study examined

whether self-differentiation is an adaptive strategy for attenuating effects on self-esteem of explicit and implicit negative age stereotypes (Weiss, Sassenberg, & Freund, 2013). In one experiment, older adults were provided with either negative age-related information or with neutral information not related to age. They were then asked to describe either their similarities or their differences compared to their age group. Participants in the negative condition who described differences reported significantly higher levels of self-esteem relative to those who described similarities. In the neutral condition, there was no significant difference in self-esteem between those describing either similarities or differences. A second experiment tested whether self-differentiation in older adults moderated the relationship of implicit attitudes toward older adults and implicit self-esteem. Participants first described either similarities to or differences between themselves and older adults as in the first experiment. Following this description task, both implicit attitudes and implicit self-esteem were assessed using a Go/No-Go Association Task, using response latency as the measure. For those participants with a negative implicit attitude toward older people, differentiation resulted in higher levels of implicit self-esteem. However, for participants with positive implicit attitudes, there were no significant differences in implicit self-esteem between those who described differences or similarities with older adults.

### **Ingroups, outgroups, and social identity**

Weiss's studies in dual age identity begin to bridge a gap between the effects of age stereotyping on our identity, and how we decide who we are and with whom we identify as we age. Generational identity seems promising as a means by which aging adults can compensate for age-related change while retaining a sense of self-determination. Perhaps it is the avenue by which older adults are able to move beyond Kegan's socialized mind in which individuals are "shaped by the definitions and expectations of our personal environment" to the self-authoring

mind, with which individuals achieve a remove from social and cultural expectations and are able to generate a “personal authority that evaluates and makes choices about external expectations” (Kegan & Lahey, 2009, p. 17). In this way, social identity may provide a means of inoculation against negative aging stereotypes.

**Ingroups and outgroups.** Social identity requires ingroups and outgroups. The concepts of ingroups, outgroups, and intergroup rivalry were first developed by the sociologist William Graham Sumner (Sumner, 1906), who identified ingroups (“we-groups”) as ourselves, and outgroups (“others-groups”) as everyone else. In his view, an ingroup has a sense of comradeship and peace within itself, considers itself superior to all others, and views outgroups with contempt, resulting in ethnocentrism.

Allport addressed ingroups and outgroups from a social psychology perspective. He defined an ingroup as “any cluster of people who can use the term ‘we’ with the same significance” (Allport, 1954/1979, p. 37). In his view, people became members of ingroups in two ways: either by achieved status, such as membership in Phi Beta Kappa, or by ascribed status, such as race, sex, or age. In contrast to Sumner, Allport suggested that although outgroups must exist for contrast in order to perceive membership in an ingroup, hostility and contempt toward outgroups is not required. However, he viewed survival as one purpose of ingroups; when survival is threatened, hostility toward an outgroup provides a sense of belonging and social cohesion.

In a research review, Brewer examined whether ingroup identification depended on negative attitudes toward outgroups (Brewer, 1999). She defined ingroups as “bounded communities of mutual trust and obligation that delimit mutual interdependence and cooperation” (p. 433). In her review, she found that ingroup bias and intergroup discrimination

are based in the desire to maintain positive relationships among ingroup members rather than in hostility to outgroup members. However, she also observes that these outcomes create a fertile ground for the development of antagonism between groups.

In an elaboration of Allport's work on social categorization into in- and outgroups, Fiske identified five motives for ingroup identification (Fiske, 2005). First, she suggests that belonging is a central motive in adaptation to an ingroup. People need to know whether another group is "friend or foe", and whether that group is competent, skillful, and intelligent. Second, people need to know whether they share understandings of outgroups: do we believe that old people are feeble or that women should not work? Fiske notes that people are less motivated to be accurate about outgroup qualities, but more motivated to share the ingroups' beliefs about them. Third, threats from outgroups to the ingroup must be controlled. These threats may include resource threats such as competition for jobs or health care, threats to physical health from illness, moral threats from deviance from social systems, or symbolic threats, such as old age or infirmity representing the threat of death. The fourth motive is enhancing the self while favoring the ingroup. Self-enhancement helps maintain self- and group integrity under threat; favoring the ingroup results in making the ingroup seem better than the others. Finally, trusting ingroup others is a motive of convenience and the path of least resistance, requiring the least effort.

***Outgroup homogeneity, ingroup heterogeneity.*** Although one result of categorization is that it produces the perception of homogeneity within groups, it also produces the perception of difference between groups. Outgroups are typically evaluated as more homogeneous in terms of within-group stereotypes, dispersion of attributes, and similarity than ingroups (e.g. Brewer, 1993; Fiske & Taylor, 2013; Guinote, Judd, & Brauer, 2002; Judd & Park, 1988). Two cognitive explanations for this have been suggested. The first explanation proposes that this is the result of

encoding and storing both group-level information and exemplar information about both groups. It is suggested that because of the salience of the ingroup to the individual, both group and exemplar information are retrieved for making judgments or attributions about the ingroup, but only group-level information is retrieved for outgroups (Park & Hastie, 1987). The second explanation is that information about exemplars are encoded and stored for both groups, but that abstractions about groups are encoded only at the time group judgments are made. Because people are more familiar with their ingroups than with outgroups, more exemplars will be stored, so group judgments about ingroups will be based on a wider variety of exemplars than those for outgroups and so will be a more heterogeneous representation of the ingroup (Linville, 1982; Linville, Fischer, & Salovey, 1989). In addition, it has been shown that relative ingroup heterogeneity depends on size: if the ingroup has fewer members relative to the outgroup, perceived relative heterogeneity is lower and relative homogeneity is higher (Mullen & Li-Tze, 1989). As a result, minorities are likely to perceive their ingroups as being more homogeneous than large outgroups (Guinote et al., 2002). In addition, low power and low status have been shown to have a moderating effect on the perception of outgroup variability. Low-power individuals have been shown to view individuals in a high-power outgroup as more differentiated than those in the low-power ingroup (Guinote et al., 2002).

The perception of outgroup homogeneity sets the stage for bias toward the outgroup by the ingroup. In a study of age-based stereotyping, Linville (1982) proposed a complexity-extremity effect of outgroup evaluations. She suggested three interlocking hypotheses. First, people have a more complex cognitive representation of their ingroup than of outgroups. Second, the simpler the representation of information from a given domain, the more extreme an evaluation of that information will be. Finally, as a result, people will evaluate members of an

outgroup more extremely than those of their ingroup. In three experimental studies of age bias, Linville found that college-age participants provided more complex descriptions of people in their own age group than they did of older adults. In addition, perceived complexity of older adults was negatively related to how extremely they were evaluated by young participants. In a more recent study, Chasteen tested the relationships among age, identity, and status on bias, using measures of favoritism, group similarity, social distance, homogeneity, and self-stereotyping (Chasteen, 2005). She found that older participants favored their ingroup more than young participants, but perceived greater similarity between younger and older people than did younger participants. Chasteen suggests that this perception of greater between-group similarity is the result of older adults having greater familiarity with the younger group because of prior group membership.

**Ingroup identification.** Different mechanisms by which people come to identify with an ingroup have been proposed. Allport suggested that ingroup boundaries may shift based upon the individual or upon the context depending on needs, so become more or less inclusive depending on the situation.

**Brewer research.** Brewer and colleagues developed a line of research that proposes a model of “optimal distinctiveness” that provides the motivation for group identification (Brewer, 1991, 1993; Brewer, Manzi, & Shaw, 1993). This model states that social identity is the point at which the need for inclusion and the need for differentiation from others intersect and find equilibrium. At the point of equilibrium, the need for assimilation is satisfied within the ingroup, but the need for individuation is satisfied through comparison between the ingroup and the outgroup. The relative strength of these two needs is seen to be determined by cultural norms, individual socialization, and personal experience, and their importance will be driven by context

(Brewer, 1991). Brewer suggests that the desire for equilibrium between these needs drives identification with distinctive ingroups that can meet both needs at the same time. This research also indicates that smaller, more exclusive ingroups have stronger identification because their distinctive group identities provide not only a sense of difference between self and others, but also inclusion in a larger collective identity (Brewer et al., 1993). Like stereotype activation, ingroup identification is also seen to depend upon salience to the individual. When group identities are salient, individuals tend to think and act as group members (Brewer, 1991) and ingroup and outgroup memberships take precedence over individual identity for evaluating others (Brewer & Gardner, 1996).

An individual is a member of multiple ingroups, and the pattern of importance and intersection of these groups will vary with context and time. Social identity complexity represents the overlap perceived to exist among groups of which a person is a member at one time (Roccas & Brewer, 2002). Social identity complexity can be viewed as existing on a continuum from low to high. At the low complexity end, the point at which multiple identities intersect defines the ingroup. This is a smaller, more homogeneous, and more exclusive ingroup: anyone who does not share all the identities in the intersection is a member of an outgroup. At the high complexity end, the union of all identities forms the ingroup, so includes anyone who shares any of the identities. This results in a highly diverse and inclusive ingroup, with fuzzier boundaries between ingroup and outgroup. Roccas and Brewer suggest that the level of social identity complexity is driven by the complexity of a person's social experience, individual differences in personal attributes including tolerance for ambiguity and uncertainty and the need for closure, and situational factors including distinctiveness, cognitive load, stress, and ingroup threat. As a result, social identity complexity may vary across individuals, situation, and time

frames. In tests of social identity complexity and tolerance in the United States and in Israel, the authors found that tolerance toward outgroup members was higher for people with higher social identity complexity, even when controlling for personal values. The authors suggest that social identity complexity may provide a buffer against the effects of threats against one outgroup by providing an avenue for shifting identity to a less threatened outgroup.

### **Social identity theory**

Building on earlier examinations of the nature of ingroups and outgroups, social identity theory emerged as a way to use ingroup and outgroup membership as the foundation of a model of social behavior and intergroup relations (Tajfel, 1981, 1982; Tajfel & Turner, 1979; Turner, 1982). The original statement of social identity theory defines social identity as “the aspects of an individual’s self-image that derive from the social categories to which he perceives himself as belonging” (Tajfel & Turner, 1979). Turner further distinguishes social identity as the part of the cognitive structure of self-concept that is based on social groups and categories rather than attributes of the individual (Turner, 1982). The essential criteria for group membership are (1) that people define themselves as members of a group and (2) are defined by others as members of a group. Turner further suggests that “awareness of common category membership is the necessary and sufficient condition for individuals to feel themselves to be, and act as, a group” (Turner, 1982, p. 27). Tajfel and Turner proposed three foundational assumptions for social identity theory. First, people try to maintain or enhance self-esteem. Second, social categories and group membership within social categories have positive or negative valence. As a result, social identity will be positive or negative depending on the evaluations of those groups. Finally, the evaluation of one’s own group is determined by comparing it to another in terms of value-rich attributes (Tajfel & Turner, 1979).

Both cognitive and motivational processes operate within this theory. Categorization into groups is seen as a cognitive process that organizes and names the social world, but because individuals seek high self-esteem, they are motivated to be a member of ingroups that have positive valence. In order for ingroups to be seen as having positive attributes, the group must be compared with another in terms of value-related attributes. If the comparison results in a positive outcome for the ingroup, the ingroup will be seen as having higher prestige; a positive outcome for the outgroup will result in lower prestige for the ingroup. This suggests that the pressure to evaluate ingroups positively results in the need for greater differentiation between ingroups and outgroups.

**Categorization.** The cognitive process of categorization occurs through the construction of prototypes of ingroups and outgroups: they are fuzzy sets of attributes that capture similarities and relationships within groups, as well as differences between groups (Fiske & Taylor, 2013; Hogg, 2001; Hogg, Abrams, Otten, & Hinkle, 2004). The prototype is intended to represent the central tendency of the group members (Fiske & Taylor, 2013). However, because the function of prototyping is to maximize the contrast between other groups, prototypes are likely to present a more extreme “typical” group member (Hogg, 2006). Prototypes are sensitive to context, so are modified based upon new information in order to maximize the perceived differences between groups as well as the perceived similarities among members within a group. The process of categorization and prototyping results in depersonalization of the individual: instead of seeing a person in terms of individual characteristics, he or she is viewed in terms of the attributes of a group prototype (Hogg, 2006, 2012; Turner, 1982). In this way, stereotyping of members of a group occurs. In conditions in which group membership becomes salient, members are viewed through the perceptual lens of the prototype, and depending on the context and on whether the

group is an ingroup or outgroup, the prototype may tend toward negative attributes. Because outgroups are generally seen as more homogeneous, it is easier to depersonalize members of the group through stereotyping. Hogg argues that this process also applies to self-stereotyping: if we self-stereotyping is viewed as the perception of the self as a prototypical ingroup member, the self-stereotype provides group norms for attitudes and behaviors. People who strongly identify with the group are more likely to see themselves in group-stereotypical ways than people who have low identification.

**Salience.** For social identity to affect behavior, it must be psychologically salient. According to Hogg, salience is driven by both accessibility and fit of categories (Hogg, 2006, 2012). Social categories must be accessible, either because they are chronically activated or because they are activated by a situation. Once accessed, categories allow people to make social judgments based on fit with a social context. Hogg distinguishes two types of fit: comparative fit and normative fit. Comparative fit evaluates similarities or differences among individuals; normative fit addresses whether the stereotypical properties of a category accounts for behavior. If fit is not optimal, people search other accessible categories for a better fit. Although this process is partially automatic, people are motivated to assign categories that are favorable to the ingroup. Categorizations of best fit become salient in a specific context and provides the best distinction between ingroup and outgroups. Because social identity is not only descriptive, but also evaluative, the best comparisons are those which result in ingroup distinctiveness that is evaluated as positive and thus favor the ingroup.

**Black sheep effect.** The standard of fit raises the question of how ingroup members who are marginally prototypical and who exist on the border of group membership are evaluated by others in the group. A line of research by Marques and colleagues identified the “black sheep

effect” (Marques, Abrams, Paez, & Martinez-Taboada, 1998; Marques, Robalo, & Rocha, 1992; Marques, Yzerbyt, & Leyens, 1988; Pinto, Marques, Levine, & Abrams, 2010), which suggests that judgments about ingroup members, whether positive or negative, will be more extreme than those about outgroup members. As a result, people on the margin between ingroup and outgroup are more disliked and rejected if they are ingroup members than if they are outgroup members. It is suggested that those on the margin produce more threat to normative social identity distinctiveness for the ingroup, and so will be derogated compared to those who are consistent with normative standards. The black sheep effect was found to be present only when dimensions being judged were relevant to ingroup members’ social identity. Derogation of marginal members allows for reduction of threat, restoration of the positive valuation of the ingroup, and sustainability of the subjective validity of positive differentiation between groups.

**Response to identity threat.** Tajfel and Turner (1979) argue that perceived status of a group is an outcome of the social comparison process, and that if status is high it makes a greater contribution to positive social identity. They suggest three possible reactions by group members to negative social identity. First, they suggest that if an individual has relatively low identification with a negatively evaluated group, he or she is more likely to try to dissociate from or leave the group for a more positively valenced one. This is a solution of personal utility that has no effect on the group as a whole. Studies by Spears, Doosje, and Ellemers (1997) found that individuals who were less identified with a group were more likely to respond to identity threats by distancing themselves from the group and self-stereotyping less than those with high identification. Second, Tajfel and Turner suggest group members may engage in “social creativity” by attempting to redefine or change the comparison being made. This may involve comparing on a different dimension, changing the valence of the attributes being compared, or

changing the outgroup with which the ingroup is compared so that a lower-status outgroup is used as the reference group. Finally, group members may attempt to directly compete with the outgroup in order to reverse the outcome of the comparison. This strategy is most likely to result in intergroup conflict and antagonism.

**Three-factor model.** Using confirmatory factor analysis with data from multiple samples, Cameron has proposed a three-factor model of social identity (Cameron, 2004). The first factor is centrality, measuring psychological salience. Cameron defines centrality as the frequency with which the group comes to mind (accessibility) and the subjective importance of the group to self-definition. The second factor is ingroup affect, reflecting the valenced natures of social identity, and is measured by questions that address specific emotions arising from group identity. Ingroup affect represents the emotional value that group members place on being part of the group. The final factor is ingroup ties (fit), which are defined as the extent to which group members feel part of, or “stuck to” (Cameron, 2004, p. 243) particular social groups.

**Social identity and aging.** Several studies have used a framework of social identity theory to examine issues related to aging. Negative attitudes toward older adults have been explored as a byproduct of the need for distinctiveness between a younger ingroup and an older outgroup (Laditka, Fischer, Laditka, & Segal, 2004). This study found that not only did older raters have more positive attitudes toward older targets than younger or middle aged raters, older raters had a more complex understanding of older adults than younger or middle aged participants, consistent with the expectation of the perception of ingroup heterogeneity as well as with the desire to associate positive characteristics with one’s ingroup. These findings were similar to those found in other studies (Hummert et al., 1994; Kite, Stockdale, Whitley, & Johnson, 2005). Cuddy and Fiske (2004) used social identity theory as an intergroup explanation

for the two-factor stereotype content model. They suggest that the need for positive evaluation of ingroups results in younger people evaluating themselves as more competent than older adults. In a study of effects of threat to status on younger and older adults, Chasteen (2005) found that strongly age-group identified participants favored their ingroups more and self-stereotyped more than weakly identified participants. Young adults were found to distance themselves more and perceive less group similarity than older adults, with strongly identified younger adults distancing themselves the most from the older outgroup. It was noted that older adults showed few biases toward younger adults, with a possible explanation being previous experience as a younger person attenuated social stereotyping. Ageism and age discrimination have also been explored within the framework of social identity theory. Garstka and colleagues used a manipulation of an age group's economic status to increase the salience of generational social identities in order to test the perception of age inequities in government spending (Garstka, Hummert, & Branscombe, 2005). This study found that younger and older adults perceived significantly more age discrimination than middle-aged adults, and attributed this to their age group membership. Middle-aged participants were less likely to attribute outcomes to their age group and more likely to attribute to personal abilities. The authors suggest that this may be the result of weaker age group identification of middle aged adults. Giles and Reid (2005) suggest that intergroup distinctions such as these result in social stereotyping of groups, so it is important to address intergroup relations in order to reduce ageism. The role of the strength of age group identification was also explored by Weiss and Lang (2012), who found that older adults who were less strongly identified with their age group felt younger than their actual age and had a longer future time perspective than more strongly identified older participants. Finally, some studies have examined the relationship of social identity to health-related issues. Bailis and

Chipperfield (2002) explored whether positive social identity acts as a resource that allows older adults to compensate for negative health issues. The authors found a significant relationship between collective self-esteem and fewer chronic health conditions and better perceived health. This relationship was found to be strongest among participants who had low perceived personal control over health, leading the authors to conclude that positive social identity may compensate for the loss of personal control over health with age. A recent study used social identity theory to test whether group reminiscence in a residential care setting enhanced health and well-being over individual reminiscence (Haslam et al., 2010). This study found that participants in a group reminiscence condition showed more improvement on a test of cognitive ability than participants in an individual reminiscence condition or in a control group, which was determined to be related to an improvement in memory. In addition, group participants reported improved well-being compared to other participants. The authors conclude that the group-based intervention helped maintain a sense of social identity among the participants, but the individual intervention reduced social identity.

**Implications for successful aging.** This review of social identity theory raises a number of interlocking questions related to successful aging among the baby boom age cohort. First, negative age stereotyping is a clear threat to the health and welfare of older adults. However, it seems possible that social identity may provide a means of inoculation against negative stereotyping in two ways. As Weiss suggests, generational identity may be more salient to members of this cohort than age identity. Compared to previous age cohorts, the baby boom cohort is healthier, wealthier, and better educated, and baby boomers at age 65 often bear little resemblance to their parents or grandparents at the same age. Because salience is key to behavior as a result of social identity as well as a result of stereotyping, a question to pursue is whether

generational identity is meaningful to baby boomers right now, and if not, under what conditions does it become salient? In addition, because the degree of identification with a group is a key driver of many outcomes related to social identity, it is important to learn more about the contextual factors that result in high or low identification for the baby boom cohort.

A second way in which social identity may have a protective effect is through social identity complexity. Research by Roccas and Brewer suggests that having multiple social identities may provide a buffer against threat because individuals may be able to shift from a threatened outgroup identity into a different one if necessary. This suggests a positive aspect of the fuzziness of group borders. However, there may be negative aspects to the areas of fuzziness between ingroup and outgroups. As Tajfel and Turner suggested, one means by which weakly identified members of a low-status group may try to change their situation is by attempting to move into a higher-status group. Using age to define an ingroup and outgroup will always result in a fuzzy border; the age at which a person is considered old depends on the context. It seems likely that many baby boomers will be in an age outgroup in some situations but not others, and in fact, may be in an age outgroup without being aware of it. As noted earlier, many people for many reasons have a great desire to continue to be perceived as youthful. However, the black sheep effect suggests that these efforts may result in negative outcomes at some point. One question to examine with regard to this cohort is at what point attempting to pass as younger is more of a risk than a benefit. An exploration of the experience of age in the fuzzy intersection between age groups may be valuable for understanding behavior as well as bias.

### **Integrating the concepts**

**The postwar baby boom age cohort.** The consideration of the postwar baby boom age cohort for this study is a result of the need for prospective research into the aging experience of

this group. As discussed earlier in this review, the size and singular aspects of this age cohort suggest that the aging experience may be different from that of earlier age cohorts. There is a unique opportunity to begin to study this cohort as it begins to enter older age.

**Awareness of age-related change (AARC).** This study incorporates a number of interlocking concepts. The first and most central, awareness of age-related change, is a multidimensional construct that reflects a person's awareness that something has changed in her or her life, and that the change is a result of age. These changes may be within several domains, including health, physical appearance, cognitive functioning, and interpersonal/social relationships. Within the AARC model (see Figure 1), a number of antecedents are identified, including sociodemographic factors such as chronological age and sex, and more proximal antecedents, including experiences of age stereotyping. These are considered to lead directly and indirectly to awareness of age-related change. How this awareness is experienced depends upon the person's own perceptions and interpretations of aging, understanding of the aging process, and behavior. These experiences lead to making personal meaning as well as regulating behavior. The resulting major outcomes of these two processes are threefold: physical well-being and functional status, psychological well-being, and engagement with life. These three outcomes parallel the three key components in Rowe and Kahn's definition of successful aging.

**Successful aging.** The use of these three components of successful aging as the desired outcomes as a result of awareness of age-related change reflects the possible impacts of what meaning is made of age-related changes and how behavior is regulated to accommodate that meaning. If we can learn more about how at a particular age a person conceptualizes the relationship between his or her own age and expectations for the future, we may be able to have a better understanding of what factors enhance or reduce the likelihood of attaining a positive

level of these three outcomes. Because the AARC model incorporates these three successful aging components directly as part of the model, it makes sense to include a consideration of successful aging within the research design for this study.

**Age stereotypes and age self-stereotyping.** As noted earlier, the postwar baby boom age cohort in the United States is a very large group with many unique attributes compared to earlier age cohorts at the same age, such as higher educational attainment, better health from an early age, more women in the workforce, and more occupational mobility. Prior research with other age cohorts demonstrates negative effects of age stereotypes, not only as a result of a person's own beliefs but as a result of others' beliefs about aging. However, it seems possible that people born during the baby boom may have a different experience of age stereotyping from people in earlier age cohorts at the same age. Experiences of age stereotyping are explicitly included in the AARC model as a proximal antecedent. The proposed study includes the consideration of age stereotyping as part of the research design because it is fundamental to the AARC model.

**Social identity.** Although increasing age may result in greater likelihood of awareness of age-related change, subjective age or generational or other social identities may be able to offset the possible negative impact of age stereotyping. Some possible sources of social identities are reflected in the model of AARC as distal antecedents: age, sex, educational attainment, socioeconomic statuses, or living arrangements including marital or family status. As discussed earlier, social identities may have a buffering effect on negative age stereotypes not only in the awareness of age-related change but also in the meaning people assign to it. Although the baby boom age cohort has been identified and assigned special attributes for many years, the value of that social identity may increase as members of the cohort become older. Again, because some major social identity sources are wrapped into the AARC model, it makes sense to include its

consideration within the research design for its possible effect on AARC and ultimately, its effect on the components of successful aging.

**Relating theory to experience.** The explicit aim of this study is the examination of the lived experience of age-related change and what meaning participants make of that experience. Consistent with the research methodology to be used, successful aging (as defined by Rowe and Kahn's three key components), theories of age stereotyping, and social identity theory will be used to interpret the participants' narratives.

### **Aims of research**

The proposed study will explore the experience of age-related change and the meaning of that experience among white men born from 1946 through 1955, the first half of the postwar baby boom, using interpretive phenomenological analysis, a qualitative approach. Diehl and Wahl's conceptual model of awareness of age-related change forms the structure for the study; the theoretical frameworks of successful aging, stereotype theory, and social identity theory provide the interpretive scaffolding. There are three general research questions:

1. To what extent are older and middle baby boomers aware of age-related change, and what meaning do they make of it?
2. How do age stereotypes affect their awareness of change and/or the meaning they assign to age-related change?
3. To what extent does social identity, especially identity as a baby boomer, affect awareness or appraisal of age-related change?

The overall aims of the study are to provide insight into the lived experience of this narrowly-drawn group, provide a foundation for comparison with follow-up studies of other

groups from the same age cohort, and suggest new research questions for study in larger samples.

## CHAPTER II

### METHODS

This study is a qualitative exploration of awareness and appraisal of age-related change using a phenomenological approach. Because this is a study of lived experience using the lens of specific theories, the data will be analyzed using interpretive phenomenological analysis (IPA). As a qualitative study of a small, non-random sample, results are not intended to be generalizable to other groups.

#### **Interpretive phenomenological analysis (IPA)**

The phenomenological approach to qualitative research divides into two types: transcendental (or descriptive) and hermeneutic (or interpretive). Both approaches aim to examine “persons-in-context” (Larkin, Watts, & Clifton, 2006). However, the descriptive or transcendental approach, focuses on describing the lived experience of a phenomenon by individuals as perceived by them; the interpretive or hermeneutic approach examines the lived experience of a phenomenon and makes meaning. The descriptive method attempts to approach the analysis with a blank slate, with the researcher bracketing his or her own experiences in order to set them aside (Creswell, 2007; Lopez & Willis, 2004; Starks & Trinidad, 2007). A basic assumption of the interpretive approach is that the researcher’s presuppositions or knowledge are important to making meaning from the descriptive data (Lopez & Willis, 2004; Smith & Osborn, 2008). IPA can be conceptualized as having three basic steps: the phenomenological step that describes the participant’s experiences of a phenomenon; the interpretive step that puts context and meaning around those experiences; and finally, new insight into the phenomenon being studied as a result of the first two steps (Larkin et al., 2006).

**Participant population.** The general population of interest in this study is men who were born in 1946 through 1955, the first half of the postwar baby boom. Members of this group have either reached or are approaching traditional retirement age, so it is likely that they have begun to experience age-related changes. It is anticipated that this will be the first study of several examining awareness and appraisal of age-related change in different groups. Because of this, white men were selected because they are the combination of gender and ethnic group which enjoys the most privilege and against which other groups are often compared in research studies. Heterosexual men were selected because it is anticipated that a later study will involve gay men. The 10-year age cohort was selected because it mirrors the birth years used in large national studies to represent the first half of the postwar baby boom. Because the study aimed to explore the experiences of a relatively homogeneous group, purposive criterion sampling was used in order to obtain a participant group of white heterosexual men born between 1946 and 1955. Participants were obtained using snowball and convenience methods. Participants received no incentives to participate.

**Sample size.** It is important to remember that in qualitative research studies such as this one, large numbers of participants are not usually required for the purpose of data analysis. There are no standard rules of thumb for sample size in IPA; there are no power analysis calculations that can be performed to indicate the number of participants needed. The sample for this study is small: one of the aims of interpretive phenomenology is to obtain a rich description of the participant's lived experience, and the practical demands of accomplishing this in addition to the use of a homogeneous sample often result in a small number of participants in similar studies. Some researchers have suggested general guidelines for sample sizes in phenomenological studies: Creswell suggests five to 25 (Creswell, 2007), Starks and Trinidad suggest one to ten

(Starks & Trinidad, 2007), and Morse suggests six to ten depending upon the depth and quality of data developed (Morse, 2000), but all are clear that there is no one definition of a good sample size and that many factors must be considered. For example, Smith and Osborn suggest that sample size should depend on several factors, including the research questions, the richness of the individual cases, the level of commitment to the case study level of analysis and reporting, and factors that constrain the research such as time or money (Smith & Osborn, 2008, p. 56). They caution against overly large samples resulting in inadequate depth of analysis. A brief survey of peer-reviewed studies using IPA found a study of late-stage Parkinsonism with one participant (Sunvisson, 2006); a study of gay male professional athletes with three participants (Filiault & Drummond, 2008); a study of the impact of chronic lower back pain with six participants (Smith & Osborn, 2007); a study of non-hospitalized adults with bipolar disorder with 13 participants (Veseth, Binder, Borg, & Davidson, 2012); a study of intimate partner relationships and substance abuse with women in a residential treatment center with 17 participants (Armour, Rivaux, & Bell, 2009); a study of the expectations of working baby boom women of volunteerism in retirement with 19 participants (Seaman, 2012); and a study of adults with severe and persistent mental illness with 44 participants (Bradshaw, Armour, & Roseborough, 2007).

In studies using phenomenological methods, saturation is often used as a criterion for determining how many participants are sufficient. Saturation is the point at which no new information is gathered or no new insights are revealed with additional participants (e.g. Creswell, 2007; Mason, 2010). Because the criteria for inclusion are narrowly drawn, it was expected that in this study, saturation would be reached with a relatively small number of participants (Morse, 1995), and this was found to be the case.

**Study sample.** The final sample for this study comprised 12 men ages 58 through 67 (Table 1). They live in different areas of the country. Pseudonyms were assigned to all participants. At the time of the interviews, only one participant was fully retired, but two more retired before the end of 2014, so are shown as retired in Table 1. Brief biographical sketches of participants are found in Appendix A.

Table 1

*Participant Demographics*

Pseudonym	Age	Location	Marital status	Children	Occupation	Retired
Glenn	67	Southwest	D	0	Lawyer	Y
Daniel	67	Mountain West	M	0	Home remodeling	Semi
Art	67	Midwest	M	2	Stockbroker	N
Alan	66	Mountain West	M	3	Real estate sales	Semi
Donald	65	South	D	3	Professor	Y
Ken	63	Northeast	DRM	2	Management consultant	N
Jeffrey	62	Northwest	D	2	Physician	N
Lee	62	Midwest	M	2	Priest	N
Craig	62	Midwest	DRM	4	Manufacturing worker	Y
Chris	61	Midwest	M	4	Banker	N
Paul	61	South	M	4	Retail sales	N
Harry	58	Midwest	M	0	Trucking broker	N

*Note.* Marital status: M=married, D=divorced, DRM=divorced, remarried

### Consent and confidentiality

This study has been approved by the Wichita State University Institutional Review Board (IRB). As part of that process, an informed consent agreement for use with participants was reviewed and approved (see Appendix B). The agreement describes the purpose of the study, discusses any potential benefits or harm that may result from participation, reviews confidentiality and anonymity protection procedures, and identifies the researchers involved in this study. The consent agreement also states that participants may terminate their participation

at any time should they so choose. A copy of the consent agreement was e-mailed to each participant for review prior to the interviews.

Confidentiality is protected in several ways. Participants were assigned a code, and the code key is stored on a password-protected portable memory device. All original audio files of interviews are stored on a separate password-protected memory device. In accordance with American Psychological Association standards (American Psychological Association, 2010), these files will be kept in a locked cabinet in an office in the WSU Psychology Department for three years, at which time the files will be destroyed. All identifying information from the interviews are represented on the transcripts by pseudonyms, including names, locations, workplaces, or other information that could be used to determine the participant's identity. Consent forms outline these procedures in detail.

### **Data collection**

**Interviews.** Data were collected using in-depth semi-structured interviews. Interviews were conducted either in person or using Skype and all were audio recorded. The recordings were transcribed verbatim for analysis. As noted above, identifiers including any names or locations were changed to preserve anonymity. A semi-structured interview framework was used in order to provide a general guide for interview topics, but also to allow enough flexibility for exploration of topics in more individualized depth (see Appendix C). This approach is especially useful when the aim is to produce a thick description of a phenomenon for analysis. It was anticipated that some topics related to aging could be especially sensitive to participants. In addition, there was some concern about priming aging stereotypes during the interview. Because of these concerns, the order of questions in the interview schedule was designed to proceed from more general and non-threatening questions to those which could be more sensitive, such as

those about memory and cognition. Because this study uses a theoretical framework of successful aging, stereotyping, and social identity, the interview schedule included questions and prompts that related to the participant's attitudes and beliefs about these topics. The interview schedule was piloted prior to data collection in order to determine the level of detail necessary to obtain responses that addressed the general elements of this framework, to test question order, and to determine the approximate time required for an interview.

In addition to the interviews, follow-up communications were initiated with participants in order to obtain additional data about their interview responses, to clarify the researcher's understanding of a response, or to gather new data based on a theme that emerged from another participant's interview.

**Supplemental qualitative data.** In addition to interviews, participants were provided with five short questionnaires to complete regarding specific aspects of aging. The data from these questionnaires were used to supplement the richness of the description as well as to establish trustworthiness of the interview data. All five questionnaires together required about ten minutes to complete.

***Subjective Age Questionnaire.*** The first questionnaire is the Subjective Age Questionnaire (Barak, 1987) (Appendix D). This is a four-question measure asking participants to rate how old they feel along four dimensions. This questionnaire has been used extensively in aging research to establish age identity.

***Expectations Regarding Aging Survey.*** The Expectations Regarding Aging Survey (Sarkisian, Steers, Hays, & Mangione, 2005) was used to assess general beliefs and stereotypes of aging (Appendix E). This is a 12-item 4-point Likert scale survey that can be scored as a full scale as well as three subscales measuring expectations of physical health, mental health, and

cognitive function. This is a short version of a 38-item survey that was tested for reliability and construct validity in two large samples of older adults. Cronbach's alpha was higher than 0.75 for each of the subscales. This survey has been used in several studies including the Baltimore Longitudinal Study of Aging.

***Cameron Social Identity Scale.*** The Cameron Social Identity Scale (Cameron, 2004) was used to assess level of identity with the baby boom age cohort (Appendix F). This scale uses a 5-point Likert scale to assess identity with a social group along three dimensions: ingroup ties, ingroup affect, and centrality. It has been used by Weiss in studies of social identity and older adults to measure identification with an age cohort or generation (Weiss & Lang, 2009). Following Weiss, this study used eight items to address centrality of identification with the baby boom and ties to the baby boom.

***Attitude Toward Own Aging Survey.*** The Attitude Toward Own Aging survey (Lawton, 1975) was used to assess how participants feel about their own aging process (Appendix G). This is a seven-item yes/no subscale of the Philadelphia Geriatric Center Morale Scale that has been used extensively in aging research for almost 40 years, including in studies linking attitudes toward aging and health (e.g. Levy & Myers, 2004; Levy, Slade, Kunkel, et al., 2002; Moor, Zimprich, Schmitt, & Kliegel, 2006). Following Levy, this study used five items on the scale that have been shown to best represent an individual's attitude toward his or her own aging.

***Awareness of Age-Related Change Questionnaire.*** The Awareness of Age-Related Change Questionnaire is a 50-item survey with Likert-scale responses used to assess awareness of age-related change across multiple domains including physical, cognitive, and social changes (M. Diehl & H.-W. Wahl, 2010) (Appendix H). This survey was designed by its authors to measure the components of their Awareness of Age-Related Change model.

## **Plan of data analysis**

In IPA, data analysis is a dynamic, iterative process which moves back and forth among data collection, analysis, and interpretation; these three processes are not as distinct from one another as they are in quantitative analysis. Creswell conceptualizes this process as a spiral in which the researcher interacts with the data at different points of data management and analysis, moving from the individual case to the study as a whole (Creswell, 2007).

**Data analysis process.** In this study, data were analyzed following Smith and Osborn's four-stage process (Smith & Osborn, 2008). First, the transcript of the first case was closely read and annotated for interesting or significant statements or qualities. This included annotations not only about content of specific statements, but also on language used, sense of emotion, similarities and differences throughout the case. Once this initial annotation was complete, the annotations were reviewed and transformed into emergent themes. Next, these themes were examined for connections among each other, and resulted in clustering of themes that were most representative of the participant's concerns. These clusters became superordinate themes which were named and connected to instances within the case. Significant statements within the case were coded for location within the transcript for easier data management. This process was then repeated with other cases. Patterns were then identified that crossed cases. The results of the analysis of one case were used to inform analysis of the next case, but new emergent issues were examined in each case. Finally, the analysis was expanded into the development and interpretation of themes within a narrative. During this step, themes were directly connected to the theoretical framework.

**Credibility.** Establishing the credibility of qualitative results is a different process from working with quantitative data. Some qualitative researchers avoid discussing qualitative work

using the language of reliability and validity, but instead discuss trustworthiness (Schwandt, Lincoln, & Guba, 2007), verification (Creswell, 2007), and evaluative criteria (Yardley, 2000). However, the methods used to establish the credibility of results tend to be the same across all researchers, including triangulation, member-checking, thick description, reflexivity, maintenance of an audit trail, and transparency of process. For the purposes of this study, several of these methods were used. First, an audit trail was established through the maintenance of audio recordings and transcripts, process and field notes, memos, documented coding schemes, drafts of interview schedules, and a clear description of the research design. The audit trail helps provide transparency of the research process. Second, the results of the five short surveys allowed for triangulation of data as well as providing additional rich description of cases. Results of the surveys were compared against the results of the interviews to check for similarities of response across the two approaches. Member-checking was accomplished by providing interpreted parts of transcripts such as themes to participants for comment. Finally, theoretical sampling was used as a method of ensuring that the interpretations were accurate for other members of the population. After the initial round of data analysis including theme identification, three additional participants who met the same criteria as the initial participant group were interviewed to check the credibility of the data analysis. The same results were found for the second group.

## CHAPTER III

### RESULTS

Awareness of age-related change was explored in interviews with participants across the five domains suggested by Diehl and Wahl (2010): health and physical functioning, cognitive functioning, interpersonal relations, social-cognitive and social-emotional functioning, and lifestyle and engagement. In addition, each participant completed five short questionnaires related to the research questions. In general, these Baby Boom men seem positive about their lives at this age, relatively free of explicit age-related stereotyping, and looking forward to many productive and enjoyable years to come. In some cases, the overall positive outlook was attenuated by the experience of physical decline, family concerns, or personal loss. At this point in their lives, the participants do not view belonging to the Baby Boom age cohort as especially meaningful as an identity, but other social identities remain strong and more salient.

#### **Interview results**

Semi-structured interviews with participants explored different domains associated with the three main research questions, including awareness of age-related change, participants' explicit stereotypes associated with either aging or the baby boom age cohort, issues of identity, and participant beliefs and expectations regarding successful aging. In addition, follow-up communications were conducted with participants to obtain more detail or to clarify comments from the interviews.

**Age-related physical change.** Physical changes were the most common age-related change reported by participants. Every participant described awareness of some type of physical change, and almost all seemed to view these changes as a matter of course and generally, as minor annoyances.

**Aches and pains.** Most participants expressed the experience of an increased number of aches and pains:

When I exercise or when I'm doing exercising and I hike a lot and I do elliptical a lot, I just know that my knees hurt more, my feet hurt more, my ankles hurt more, you know? (Alan)

I have actually for the last, I guess it's almost 2 years now, had an issue with sciatica and a pinched nerve, so I've had sciatica into my right foot, into my right foot and leg. And that limited me fairly extensively for probably 14 months or so. (Jeffrey)

...well, definitely the aches and pains thing. Um, you know, realizing that I have to change my mattress (laughs) just to be comfortable ... thankfully, it's not debilitating. (Paul)

Several attributed the aches and pains of aging directly to joint pain or arthritis, and this pain was perceived as causing activity limitations:

My knees can't go much beyond 2-1/2 miles or so before they start to crash...I mean, I have arthritis in my hips and my knees and in my lower back. (Glenn)

I definitely have more joint pain... I'm definitely getting more of those kinds of pains, mostly in my knees. (Ken)

I used to shoot baskets...but... my knees. (Harry)

Craig, who worked in heavy manufacturing for more than 40 years, attributes his aches and pains directly to his job:

I wouldn't recommend manufacturing for anyone. It's hard work. My shoulders wore out. My knees are bad. My back is bad. My hands hurt. I got arthritis on my thumb. It's hard work.

**Weight gain.** Some participants noted weight gain that has had an impact on their health or activity levels:

The big deal with me is just within the last year or so is when I went on this very intensive insulin regimen, gained a lot of weight. And my feeling is that if I were to lose about 40, 50 pounds, that would have a big difference in how old I felt I was. (Glenn)

I'm carrying around an extra 20, 30lbs pushing on those joints....  
(Harry)

Maybe if I weighed 50 pounds less I could do that [sprints], and I used to be pretty fast.... (Donald)

**Strength and stamina.** For many participants, declines in strength and stamina were noticeable. These declines were perceived as changing the ability to engage in work or leisure activities at the same level as in the past. In some cases, strength and stamina declines made participants aware of physical risk and of the need to limit certain types of activity in order to prevent injury. Here is how some participants described their experience of these declines:

I used to work unbelievable hours, you know, I was working 10- and 12-hour days every day and I just don't care to do that much anymore (laughs), so my stamina is definitely down. (Paul)

...I used to be able to go out and do heavy work on a weekend, just all day long in the hot weather, and then recover nicely by the next morning, and now it tends to hang with me a little bit. (Donald)

I still do physical construction work and I certainly try to avoid, I do not even try, lifting heavy things like I used to do, take it always for granted. I sort of set a weight limit for myself of 60 or 75 pounds. I won't try to lift anything more than that, and if it's heavier than that, we get a machine or get some other people to do it. I just won't do it. (Daniel)

I had to cut some limbs up out of our tree that blew down...I'm climbing on that ladder at the top of that tree and I'm getting more cognizant of the fact that I'm not as young as I used to be and, you know, falling off that ladder would not be a good thing to happen. (Harry)

**Sensory changes.** Sensory changes were noticed by most participants, especially changes in vision and hearing. Hearing and vision loss were perceived as having a negative impact on daily life, but in the case of vision changes that actually improved vision, age-related changes were positive.

I'm starting to lose a little hearing, and I got hearing aids because it was a high end and that's where my grandchildren speak to me so I was missing a lot of the conversation, so I got hearing aids. Well, so that's a part that started to fall off and then, at 40... I had 20/20 vision at 40. Now, I have to start wearing glasses to read books. (Art)

I learned two months ago in a routine eye exam that I have cataracts, and when she said the word, I thought, "Come on! No way!" not knowing how common they are at 62. They're very common, and at some point, I'll get them scraped off, but that definitely felt like an old person's thing. (Ken)

I can see very, very good distance. I can see a long ways off. And now, my eyes changed enough, I don't even need reading glasses to read. I mean, I don't need contacts or anything. (Harry)

***Prostate problems and associated changes.*** Some participants mentioned changes relating to prostate issues, again seeing these as inevitable:

Well, I think, the first one is sort of what I understand most men get, we get prostate problems. Um, my doctor, several weeks ago said when I asked him that question about is it true that you get cancer, that you're bound to at some point. He said the fact that you're having prostate issues is you have cancer. It just may not be anything that of the type that warrants any activity at this point. (Art)

The single main thing that I notice is how much more, uh, problematic urination has become. (Daniel)

I go to the bathroom a lot more than I used to as a young guy (laughs), you know what I mean? And prostate's normal but, you know, I...I just think that's part of the process. (Harry)

***Appearance changes.*** Several participants noted changes in appearance, but none expressed serious concern or dismay about their changing appearance:

I've lost some hair. I've turned gray. I got some bags under my eyes. (Craig)

...my hair fell out... You see, I don't visualize myself. I still visualize when I had dark hair and having a head of hair. I see a picture of myself. God dang, man. This is what happened. (Harry)

Well, I think that just like everybody, everything is turning gray. I had dark brown hair like you do now. So obviously I've gotten gray and wrinkled. (Jeffrey)

My hair is falling out (chuckles). It's much thinner than it was, but my dad was the same way. I mean, I watched my dad's hair thin. And when I grow a beard, it's gray. (Chris)

**Age-related cognitive change.** All participants spoke of minor types of cognitive difficulties that they have noticed as they have grown older. However, many also spoke of what they see as increases in cognitive strength as they age.

***Awareness of cognitive difficulties.*** Every participant observed some minor cognitive declines with age: forgetting names, misplacing objects such as keys, or being unable to find the right word.

I used to be pretty good with people's names.... Now, I have a hard time remembering someone I've just been introduced to. (Daniel)

Walk in a room and forget why I was there, that happens. (Glenn)

Some participants, including Craig, felt that these issues were not related to age, but were always present or had been present for many years: "I'm really bad with names. I remember faces, but to put a name with them, sometimes, I just can't. I think that's just me. I don't think that has to do with my age." However, some participants saw cognitive changes in a more serious light: as changes that affect the quality of their work or personal lives. Ken, an organizational consultant, noted the impact of difficulties in word finding in his engagements:

Oh, yes, finding the right words is definitely more challenging.... I'm in a lot of environments almost weekly where the issues are difficult. I'm leading. I'm in front of the room. People are asking really hard questions. I have to connect dots and I'm still able to do that, and for the most part, the words are still right there when I need them.... But there are times when they're not, and I just have

to pause and I'll end up finding another word 'cause I'm just, I'm not gonna find that word right now.

For some participants, the threat of loss of cognitive function seems to cut to the core of identity: who they are has depended in some way on what they know, how they reason, and language precision. Paul, who for many years has been a performing musician, recounted an incident that was so distressing that it caused him to rethink his ability to continue playing music in public:

Anyway, I got up with, with my singers, and we performed this old Everly Brothers song which went very well, and then we did this Neil Young song, and I went blank. I went blank ... (laughs) and somehow we struggled through, we got through it, um, but it was completely unnerving to me, and that was several months ago. I haven't picked up a guitar for...I've turned down a gig that I'd taken for October 26<sup>th</sup>. I don't think I'm going to be performing publicly anymore. I, it was too unnerving. It scared me to death.

Daniel, who has worked in construction for 40 years, described situations in which what he perceived as a decline in “mental sharpness” affected his attitude about his competence as a builder:

And those things happen occasionally where somebody will figure something out, it seems very obvious once it's figured out. I'd say to myself, “Ten years ago wouldn't I have figured that out just as quickly?” Two years ago I helped a friend of mine, a young guy, he's 30, 28, or so. He used to work for me. Helped him build an addition on his house and he was always... seemed like a couple of steps ahead of what we were doing than I was about building this thing. And I thought, “I am really losing it.”

In addition, for some participants cognitive changes cause concern about the meaning of the loss. This was especially true for Paul, a former substance abuser, and Ken, whose parents are both afflicted by severe dementias. Paul, who used drugs extensively from junior high school through early adulthood, wonders about their effect on him now:

... the whole drug culture thing I think had a profound effect on a lot of people in our age group, you know, and a lot of them aren't here to tell the story ... because they're dead. Sometimes I think, I wonder, I wonder if my memory issues could be related to that somehow.

Ken's parents, both in their late 80s, suffer from severe dementias. This causes Ken great emotional distress, not only because of the sadness of their decline but also because of his fear that the same thing will happen to him if he lives long enough:

That has been very influential in the way that I think about aging the last three or four years, where I really do worry about the possibility of becoming senile, of becoming, of losing cognitive horsepower in the way that my mother has.... I spend time in my own personal planning calculating against that date. I, uh, I'd like to think it won't happen, but I have to consider the possibility that it will.

*Awareness of cognitive strength.* Some participants also spoke of positive cognitive developments with age, including an increased ability to concentrate, the acquisition of new complex knowledge, and the development of wisdom. Donald, a long-time professor on the edge of retirement, thought about his growing wisdom in terms of brain plasticity:

You know, because of brain plasticity until you drop dead your brain is constantly changing. It's adding synapses, adding cells, even pruning some, and ... what I think has happened in my brain as I've gotten older is the connectivity, where I start to see relationships between things that I probably wouldn't have noticed earlier, and that definitely makes you a better professor and a lecturer and so on. And now some things will pop into my head right in the middle of a lecture and surprise me, "Where did that come from? This really works."

Ken spoke of what he perceives as his wisdom in terms of "insight that age and experience provide." He sees this as something that his clients rely on him to bring, and his awareness of this provides great satisfaction:

If anything, I feel smarter, I feel more capable, I do feel degrees of wisdom creeping in, you know, that weren't there even 10 years ago, and I feel good about that.

Other participants spoke of being able to learn complex new skills or maintain existing ones at a high level:

I know that I've been able to pick up new skills. I mean, trading options is not a simple task and I've been able to do it and ... do it reasonably well. (Jeffrey)

I tried to evaluate my level of concentration when I'm flying, for example, and I don't feel like it's changed. I still fly the jet, single pilot sometimes. (Chris)

Mentally, I think I can do what I can used to do when I was in my 20s and 30s. (Harry)

**Age-related changes in interpersonal and social relationships.** Most participants noted changes in their relationships with others. Often the changes reported were transitions from participation in larger social groups to preference for smaller groups, changes in family interactions, and an increase in the desire for more intimate friendships.

**Family changes.** Some of the changes reported in social relationships appear to stem from the transition from having school-age children to having adult children. As children move away from home, develop careers, and have their own families, the centrality of those relationships to daily life changes for participants who are parents. This transition results in a natural shedding of social activities and relationships that were centered on children's activities.

...when I first arrived [here] in '81, for instance, you know, there were birthday parties, there were housewarming parties, there were all kinds of, almost any event seemed to trigger some kind of get-together...we took great delight in having 12 or 15 people over, you know, to watch the Twilight Zone (laughs), stuff like that, and of course, as you get older, you get a little more selective about who you want to be with and what you want to do. (Paul)

Jeffrey observed that growing older allows him to avoid social situations in which he had always felt uncomfortable for two main reasons: he no longer needs to socialize for career reasons and because his children are grown, he has no reason to socialize for their activities:

I feel like I don't have to put up with that stuff anymore because I'm older and I don't have to put up with it because I don't have any job obligations that would require me to put up with social situations like that... I think it's something I wasn't real comfortable with when I was younger and now I don't have to do it because I don't have to go out and interact with all of [my sons'] friends' parents.

However, the importance of family does not diminish, and in some cases, increases. Daniel, from a family of four brothers, noted that when his mother was dying of cancer, she asked them to keep in contact with each other:

Well, before my mother died she said to us, "Now, you guys, I've always been the person who kept communication going for you four guys, but I'm not going to be here forever to do that. ... I want you to promise me now that once I pass away you will continue to stay in touch." And we've done that whether it was, you know, because we felt like we had to, or it isn't really that. I think it's because we've all gotten to be pretty good friends aside from being brothers.

Other participants observed increasingly close relationships with their adult children:

No, I think the two younger ones, just a little deeper relationship is even deeper. ...Lila, actually, you know that relationship appears to be getting a little better. So there is nothing negative about the aging process in relation to those relationships, other than maybe getting better. (Alan)

I mean I enjoy it, all the time I get with my family and if I'm pleased with something, it's the fact that today, at least our kids seem to still like us because they spend a lot of time around us. (Chris)

*Preference for smaller-scale interactions.* In general, participants reported now preferring social interactions in small groups instead of large groups, even those who had participated in and enjoyed large group occasions when they were younger.

I was involved in a lot of organizations with a lot more people early on...but I think really as far as having more intimate friendships, it's more enjoyable than having been in large groups where you don't have that. (Art)

I think we're a lot more inclined to go to a friend's house for dinner or have them over to our house for dinner rather than going out somewhere. Also we appreciate smaller groups, either two or three people or three or four couples rather than big parties... I value closer, less hectic encounters. (Daniel)

Participants also noted that, within those smaller groups, they are now more interested in the development of deeper intimacy with friends than in superficial relationships. Participants reported that as they age, the development of deeper friendships becomes more important, including the resurrection of relationships with old friends from years past. Harry noted that he has a group of friends with whom he is comfortable and is happy with that:

I've got a network of friends and I guess that's the most important part to me. I mean it's not like I need to meet new people.

However, he and Art both spoke of an interest in restoring friendships from the past:

And, uh, upon retirement, it'd be kind of fun to, you know, contact some of the people I've kind of lost contact with over the years. (Harry)

...people you knew in high school, ran around with in high school, went away over 20, 30 years and now, kind of coming back to be more intimate friendships with you. (Art)

Socioemotional selectivity seems to be operating even without explicit acknowledgment of a future time perspective; several participants expressed the desire to spend their social time only in situations they choose and with people in whom they are interested.

I'm more determined to not do things I don't want to do, or not being around. I decided once I was no longer Chair that I was never going to wrap a tie around my neck and pretty much stuck to that and I don't go to the stuff that I don't want to go to, and uh, well, I don't hang out with people I don't want to hang out with. (Donald)

You know, I'm probably a little more selective with who I spend time with because I have kinda taken this approach nowadays that time is precious...and so I want to be sure that what little time I feel like I do have to spend with others, that I spend it with people who I value or I feel some kind of a bond with them that maybe I can ... be doing something to help them. (Chris)

Although his work involves constant interaction with others, Ken believes he has become more introverted with time, and that his social interests have become almost exclusively activities with either his wife or his two grown sons. If these are not available, he prefers solitude:

In fact, I have become more introverted over time. I don't feel like the extrovert that I was 20 years ago. I don't really crave interaction with people very much. I would like to be with my wife all the time, but if I can't be with her, and I can't be with the boys, it's really my pleasure to be alone...I'd rather be reading or writing or watching a baseball game.

Glenn, the only fully retired participant and the only participant with physically limiting health issues, observed that for him, effortfulness is a factor in his social activity.

Somebody suggests something and I'm usually up for it, you know, but I have to gear myself up to it. Especially as time comes on and you're sitting there and it's like 8:00 is when you're supposed to be someplace and you're going, "Oh, God, uh, do I ... okay." It seems to me there's a little more, uh, pull to stay at home.

**Age-related changes in psychological well-being.** Participants generally reflected a sense of contentment with their lives at this age, although few characterized this contentment as "happiness." For this group, contentment seemed to flow from a sense of satisfaction with their life situations at this age, a reduction (or anticipation of reduction) in work-related stress, a sense

of greater meaning in life, and the awareness of positive aspects of aging. However, a few participants struggled with difficult family situations and occasional regrets.

*Positive aspects of aging.* Most participants identified positive aspects of aging that increase their sense of well-being. Jeffrey described feeling more patient and less anxious as he has become older:

I'm much more patient than I used to be and I feel less anxiety about I got to get this done, I got to do this, I got to go there. I feel like I can just kind of slow down and relax and enjoy what's happening and what's going on.

Lee noted a similar decline in anxiety that he ascribed to age and how it is reflected in less concern for how he is viewed by others:

I could almost tell you the day that I had a recognition that what I would describe is that low buzz of anxiety that I had had since childhood left.... I'm less inhibited about what I might say or willingness to speak up, and again that I think goes back to not trying to convince you who I am, or convince me who I want to be. But I'm more able to be so that I feel more comfortable and able to speak truth or ask questions without feeling embarrassed that somebody will think less of me or think better of me, and I'm trying to couch it for either direction.

Glenn discussed the lessening of anxiety with retirement, and a similar sense of caring less about how he is viewed by others:

I mean, there are these constant deadlines, you know, and you've got caseload and these deadlines are coming like this, and just the very fact that you can get up in the morning and not grit your teeth and say, "Oh, crap"... the relief to wake up in the morning and say, "Oh, damn. I'm going to watch 'Good Morning America.'"

I think probably as I get older...I don't care that much what people think of me or anything, you know... I wouldn't say I could care less, but it has less impact on me. I put less thought into it than perhaps when I was younger.

Increased happiness as a result of elimination of work-related stress with imminent retirement was also anticipated by Craig: “I think about another three months, I’ll be really happy.”

For some participants, there is a sense of being at the peak of their accomplishments that provides a great sense of satisfaction and well-being. For some, it is the sense of mastery of their work:

Right now I’m a better lecturer than I’ve ever been. (Donald)

I love having the gray hair at the table and being able to just quietly offer an alternative, or to challenge what's becoming a convention. I love it. I feel like I'm on top of my game. (Ken)

For others, the sense of helping their community is key to the satisfaction provided by accomplishment:

The other thing has happened to me as I've gotten older is the number of times when somebody who I respect has said to me in the last five years ... something to the effect of ... I remember when you told me--you, Chris--told me I should think about this and that changed my life... (Chris)

After [the hurricane], I was the Senior Warden at my church, and so I was overseeing the repairs to the church, taking care of numerous members of the church who had suffered a lot of damage and problems...and reaching out to the community to help other people who were not church members who suffered a lot from [the hurricane] ... (Jeffrey)

***Faith or spirituality.*** The importance of faith or spirituality to well-being has changed with age for several participants. Most participants reported childhood experience with mainline religious practice, but more than half view those practices as having little relevance in their lives today:

I was raised a Catholic by my parents, and I stopped going to church when I went off to college and I really haven't gone back to church. I think for the most part I'm likely an atheist... (Jeffrey)

I was brought up in the Lutheran Church and I was, you know, confirmed as a Lutheran....But my parents never ... weren't very religious people. My grandparents weren't, but they exposed me to that so I could make a choice in that. And so...I made a choice a long time ago that I'm not a religious person. (Harry)

Growing up, we went to church every Sunday. We went to church every Wednesday, big part of our lives as kids... When I moved out, I never went to church again. The only time I go to churches now is for funerals or weddings. (Craig)

[Growing up] I went to Sunday school, I went to church, I went to summer church school ...I go to the My Lady of the Fairways on Sunday so I enjoy that more than I did going to church...Church is not and faith is not important to me at this point in my life nor it has been any time in my life. And I don't really see myself as I near the point of mortality that that's gonna change. I don't think I feel like I think I need it to comfort myself with my impending death. (Art)

Daniel also grew up with a basic exposure to traditional religion: "My father had no interest, never went to church. My mother used to go to church with my grandmother and therefore I started going with them. So, Sunday school first and then later some church services but that died out by the time I was in high school I guess." However, he found with age an increased desire for spirituality that fit his needs, and traditional religion did not fill that requirement: "I think the thing about religion is it's a package deal. You can say, 'Okay, I need some spirituality and there's this option or this.' 'Oh! I think I'll just buy that option.' And that has never worked for me." Over time, Daniel has adopted a more all-inclusive spiritual orientation that he believes is free of the sense of "the package deal":

I've sort of gravitated toward that construct along the lines of just connectedness with...people and other things and even inanimate things.... I believe if there's an overriding, controlling structure to everything that's out there, call it the universe, it's that it's oneness and we're all somehow part of that in ways we can maybe not even remotely understand.

Ken grew up in a family that rejected traditional religious belief. He continues to maintain an atheistic approach to spiritual belief, and considers himself as growing even more hostile toward organized religion as he becomes older. However, he was emphatic that there is a strong spiritual aspect to his life that has developed with age. Like Daniel, his spiritual orientation includes the sense of being a small piece of a great whole:

I do feel that there is a, that there is a growing spirituality that has been happening for some time, that is ... and I'm sure many people say this same thing ... that's personal. It's, it's mine. It has no label... It's wrapped up in the, the ecosystem around me. It's wrapped up in the mountains in, in Wyoming. It's wrapped up in being in Montana and watching the rivers [crying] fall out of these great lakes and it's about a belief that there's a bigger force out there and that I am a pathetically minor piece in this universe, and that that's okay and that my life will be better served if I, if I acknowledge that and I love and respect this force that exists in nature that I adore.

For three participants, faith and belief in God are integral to their daily lives and provide a sense of well-being. Paul recounted a common experience among participants:

I mean, I was a classic baby boomer, you know. I, me, mine, all about me, you know, let's get high, let's have fun, whatever, all that crap, and thankfully, I mean, I had a fairly solid spiritual background as a young child which I abandoned in my adolescence and throughout my 20's and into my 30's.

When his children were born, Paul returned to traditional organized religion, and it has become central to his sense of well-being today:

It's part of being an adult, part of growing up is recognizing it, and, it's something that I had abandoned and I came back to after we started having kids. And, and at this point in my life, it's a pretty big part. It's solace, it's an island of peace in your week....I think spirituality has garnered a larger part of my conscious time, conscious moments, because it helps me keep my perspective and keep bringing it back to a point where there is meaning, as crazy as the world seems to be... It helps me keep my perspective, and it helps me keep some sense of meaning for life and why we're here.

Chris defines himself as a Christian, and throughout the interview alluded to the sense that God provides direction for him in life. A focus on work and productivity runs through the entire interview, and it is clear that in order to feel contentment, Chris needs to feel busy and productive. He believes this is driven by his Christian values: “I think God builds us to be productive and to do things that will be beneficial to other people... I guess maybe that I measure my self-worth in the sense that have I actually done something today that's gonna benefit somebody else.”

Faith and spirituality are central to well-being in Lee’s later adult life for two intersecting reasons: a later-life choice to become a priest and the choice of sobriety at the age of 50. Although Lee had been an alcoholic for many years, an event related to his practice as a priest provided what he described as “the gift of desperation” that resulted in becoming sober. As the result of officiating at the blessing of a same-sex relationship, Lee was suspended by his bishop:

If I ever had a drinking problem before, the tipping point came with being suspended. And so I started a process of trying to get sober, but I sort of tried to do that my own way.... By January that was not going well. And [my wife] said “Something is gonna have to change. You’re either gonna have to actually work to get sober or you need to get out of the house... And that was when I finally started to work and to be focused on doing a 12 step program, AA.

To Lee, the experience of faith through Alcoholics Anonymous enriched his understanding of God and increased his ability to be a good priest:

In that 12 step program I’ve gotten sober. ...But it is in many, many ways very gospel-based. And in going through all of that, my experience of God and my understanding of God and my experience of grace and my understanding of forgiveness, uh, were transformed from anything I had before. Of course I’d been ordained as a priest, but I had a pretty tame God before that [AA].

***Impact of sobriety on well-being.*** Later-life sobriety was a critical factor in the psychological well-being of two participants and seen by them as pivotal life experiences. For

Lee, sobriety was accomplished through strict adherence to a 12 step program, and he views Alcoholics Anonymous as supporting the growth of his religious life. To him, sobriety allows the experience of joy:

I continue to be and have been for some time living the best life I've ever lived. I wouldn't have said that, that joy was an experience that I had prior to getting sober.

Jeffrey's experience of becoming sober was a more solitary one. After several attempts to reduce his alcohol intake, he stopped drinking completely on his own three years ago without using any type of treatment or support program:

Getting older did make it easier for me, I think, to deal with an issue for me anyway which was alcohol abuse. You know...throughout my whole life probably I drank too much, and three years ago I was able, I just clearly saw that drinking was very negatively impacting what was going on in my life and I stopped drinking completely three years ago.

For Jeffrey, being sober has been invaluable in "feeling better, being healthier, thinking clearer, probably less depression." He views sobriety as resulting in having less anger, making him easier to get along with and having a positive impact on his relationships.

***Family happiness and well-being.*** For participants who have children, the old adage "You are only as happy as your unhappiest child" seems to be true. Most parent participants observed that they experienced great pleasure in the lives of their adult children:

I mean, wouldn't it be terribly lonely to not have children at this age? And it isn't gonna get easier, right? Wouldn't that just be an empty tragic feeling? And I'm sure I'm projecting it, but it, that's how I think about it. So my joy today is, is looking back on what we had and looking forward to the fact that this relationship is brilliant and it's only gonna get better. (Ken)

...my family is very important and I love being around them...I just worked on [my son's] personal statement for his surgery scholarship. And yeah, I'm glad he still asked me to go over this

stuff and uh, you know I worked really hard on it...harder than anything else I do. (Donald)

However, two participants expressed concern for their children that seems to affect their own sense of psychological well-being. Alan's youngest daughter came out as gay recently and married her partner during the summer. Although he accepts his daughter's sexual identity and loves her deeply, this is a situation that is uncomfortable for Alan and is difficult for him to understand. Paul, who had serious substance abuse issues when younger, revealed that two of his children were experiencing severe drug and alcohol problems. His youngest son is an alcoholic with blackouts, and his youngest daughter is a heroin addict. He and his wife differ on how to address these problems. Paul also has concerns about whether his history with substance abuse has resulted in his children's issues. These factors clearly have had a negative impact on his level of contentment and sense of well-being at this point in his life.

Only four participants have parents still living. For those participants, their relationships with their parents have a negative impact on psychological well-being. Ken's parents are both suffering from dementias which, in his mind, have diminished them to the level of children. This is clearly greatly distressing to him, not only because of the sadness of his interactions with them, but also because of concerns that he is looking at his own future:

If we go by that worst-case scenario... I start thinking about, well, [my wife] at that point will be 72. She will not be working anymore, I'm guessing, but she will be able to help me out on some of the, uh, on some of the challenges that I might be experiencing, but I'm going to need to be sure that the assets are there because if we have to hire a nurse or a babysitter to come sit with me the way it was done with my mother, uh, [she] won't be able to do that with her savings.

However, despite his clear dismay about his parents' condition, Ken also views his position between his parents and his children in a metaphysical sense: he is the link in a chain, and someday he hopes to be connected to his children and grandchildren in the same way.

I now have this boy child, this man child to take care of and I have this other child who's my father, and now I'm, and it's all me. I have to do this. Nobody else can do this...It could be about self-pity, but that really wasn't what it was. It was more about this hyperawareness of being the link in this chain and that right now, it's my time to take that responsibility for both of them. And then that will pass and I will become something more like my father, more like this burden to my sons and that this is, this is the circle.

Art's father died unexpectedly in 2014, and Art's relationship with his mother is now a source of guilt and frustration. His father's death triggered Art's first detailed consideration of his own later life, so he suggests a sense of struggle with what that should look like: "Well, I'm grappling with that, and I'm not terribly positive."

His mother is almost 90 years old and still runs an apartment complex that his parents bought when they retired at age 65 and have actively managed since that time. He discussed at length his feelings of guilt associated with his parents: guilt at not having spent enough time with them through the years, guilt about not doing more to help them in later life and guilt about not wanting to be tied to those obligations, guilt at not appreciating the legacy that his parents believed their business would be for him. At the time of the interview, the biggest area of frustration and guilt centered on trying to help his mother with the business. This creates guilt not only because he feels obligated by a promise to his father, but also because he is irritated by his mother's resistance to his help and because he recognizes that his help makes her feel diminished:

Yeah, it's kind of like a whole other job... that I think I promised my dad I would do, but I'm not having ... I'm not getting the

support from my mother to do it and so, every time I interject in it, ... she feels like I'm taking away her life and in a sense, I am.

At this point, Art's experience of his father's death and his mother's grief, his feelings of guilt and frustration, and the sudden awareness of needing to think about his own future limit his own sense of well-being.

***Happiness and regret.*** In the interviews, only a few participants expressed any regrets about the past, but few indicated that they felt happy. The idea of "happiness" may seem too simple to describe the complexity of experience of their lives today. However, several described a qualified sense of contentment:

I wouldn't describe myself as happy, but I'm not unhappy. I think I'm relatively satisfied. I think I understand, um, where I am in life and what I can still do and what I can't do and what my prospects are and what they aren't. (Daniel)

Yeah, uh, yeah, actually, in a certain sense I think I'm probably more content, uh, than other times in my life. (Glenn)

You don't think that it's ... happy as you could be ... but you don't know if you could ever be as happy as you could be. (Art)

Two participants who have experienced depression throughout their lives noted changes in that experience with age. Daniel spoke of his experience with depression which he connects to a shoulder injury when he was almost 50 years old that suddenly limited his physical ability to work:

I've had bouts of depression and I've taken, uh, drugs for that. I think it was probably initially triggered by that shoulder injury. But still, I've become more aware of mood swings ... When I was the most depressed, I felt kind of worthless... I wouldn't say I struggle with that but it crops up occasionally.

Jeffrey described what he sees as a lifelong tendency to depression increasing as he becomes older. However, he also believes he has made progress recently in dealing with depression more effectively:

Well, I've just gotten into understanding the things that I need to do to avoid becoming depressed and entering a cycle of depression: meditation, mindfulness, staying physically active. So those things have been helpful to me and so it's helped me avoid getting significantly depressed.

Regrets were mentioned by some participants. The source of some of those regrets was “the road not taken.” Alan, who played football in college and became a football coach when he graduated from college, said “I was not academically driven, which I regret to this day... I think I wasted my education. I wasted my education, I could have done better.” Although he didn’t see his career path being any different had he taken a different educational road, his lack of educational motivation in college seems to be embarrassing to him now.

For Daniel, regrets about the roads not taken and unfulfilled potential were more prominent through middle age, but today he says:

I would think about things, “Well, what if I had done this? What if I had done that?” You know. That’s not that I never think about this stuff anymore, but at this point it’s, “Well, you did what you did and it’s been okay.” Not great, not perfect, not bad, not horrible. Just, this is the way life has been.

For other participants, regrets are deeper and more painful. Jeffrey discussed the relationship of regrets to triggers for his periods of depression. For Jeffrey, depression is often triggered by thoughts of life choices that he regrets.

For Donald, his general sense of well-being is occasionally and suddenly jarred by memories of his younger sister who died unexpectedly about 10 years ago: “I may only have one

regret, that I didn't take care of my little sister." His closest sibling, she developed significant mental illness in adulthood:

She was so close to me, but she suffered from various problems, uh, mental problems, and she became a tremendous liar and all this stuff ... and I kind of gave up on her... I just dropped the ball a little bit on that, and I don't know if I could have fixed things and then all of a sudden she's gone. And I guess in the back of my mind I said, "You know what, I'll get through this and this, I'm going to deal with Wendy...So I had no idea how bad things had gotten...And so I'll be at the stop sign or something, and then she comes into my head and it's like I even see...it's very dominating and then it goes away and, uh, there's nothing I can do about it.

However, for most participants including those who voiced regrets, regretfulness with age seems to play a small part in their overall sense of well-being. As Ken said in his interview, "I don't look back," and in a follow-up communication, "I have no substantial regrets. I look back on the choices made with affection."

**Temporal aspects of aging.** Finally, awareness of the passage of time emerged in all the interviews. These changes included changes in participants' lives, in their behavior and beliefs, and in the world around them, as well as expectations for time in the future.

***Future time perspective.*** One of the most central issues of time for this group of men is the length of their remaining life, and particularly, the length of time they have to be active, either in work or leisure activities. This length of time often is based on how long family members have lived:

I think we all look at...how have my immediate relatives done. Well, let's see, Uncle Jake dies when he was 65 and it was too young, but he smoked all his life. Oh, well, I've smoked a lot of my life too, so it's going to be 65, or Aunt Sue smoked until she was 93...so where do I fall in this spectrum? You know, how bad did I wear it out?...So obviously you look at your immediate family as to clues of longevity... that's basically what I do, so I figure I've got 15 to 25 years at this point. (Paul)

...when I look at my parents, I think, if anything is involved with genes, I've got easily 15, 20 years before too many things fall off the truck. (Art)

I think of sort of a combination of an end in sight, but maybe the possibility of extending...of extra innings, let's say... And that's why 80 seems like, you know, most people that I've known seemed to be pretty healthy and active into their 80s. My mother, um, Sarah's aunts and uncles, my aunts and uncles. It seems like that mid- to late 80s is when things really start to tip off the edge for a lot of people. (Daniel)

Glenn, who lives with insulin-dependent diabetes and whose brother died of complications from diabetes in the last few years, views the future as more limited: "I would be good into my late seventies, that's where I figure it. I'd be lucky to do that. And the reason I say that is because people with diabetes don't tend to live those long lives, you know."

Some participants whose parents have died early hope for the best, but the worst possibilities are still in their minds:

...my dad died at 71. And I am acutely aware of those numbers as I approach those numbers, okay? My brother died of cancer. And so he didn't have a chance to get to 71. For some reason, maybe it's this invincibility thing... I'll live, I'm thinking, to my 80s I think or longer. (Alan)

I do this simple math on it, you know. And my dad died at 64, 65 and I'm turning 59 and I'm thinking, "I have six years down the road." I just hope that I can be healthy after that time, you know. (Harry)

My mother was pretty young. Uh, she had liver cancer and died when she was 66. So part of my mentality now is I'll be 66 shortly ...when I look at them, I mean, I have a much healthier lifestyle than they did. But, yeah... if cancer gets you.... (Donald)

**Retirement expectations.** As participants have contemplated the length of time they see before them, most look forward to having a period of time in which they expect to be busy, productive, or enjoying leisure time. In some cases, this involves retirement from a current job:

...[in] probably another two years, another two to three years. I don't think I could last much longer in retail. It's just, it's such an assault (laughs). (Paul)

Since I'm gonna retire [at the end of this year], hopefully with the eight hours a day out of the way, I can do what I want to do. (Craig)

...at this point if you say "When are you going to retire?" I'd say "Well, the church says I have to retire at 72 and I'm 62 at the moment, so 10 years." (Lee)

For other participants, the idea of traditional retirement is not a concept that they expect or welcome. They envision continuing the work that they do today, or altering their work to fit a desire for more flexibility or to accommodate gradual physical limitations:

I'm a believer in having optimistic targets that are rooted in the possibilities of these worst-case scenarios, and so I have in my head that the worst case is when I'm 82, I'm starting to get silly, and that I want to, um, continue the professional engagement into my 70s. How far, I don't know, but, but I don't want to stop working. (Ken)

Do I think I should be the CEO of this company when I'm 85 years old? No. But I do think I could still be providing benefit to whoever it is, maybe...so I just think it's going to change what it is I ought to be doing. I don't ever see myself dropping out. (Chris)

People ask, "Are you retired?" Well, I don't think so...I used to say, "I can't retire because I'd never done anything to retire from." My whole working career has been almost all self-employment and it's been fairly intermittent. And so... a better description is that I've always been semi-retired and I'm just going to continue to be semi-retired, i.e., working when there's work to do. I'd like to work as long as I can physically do it. (Daniel)

Regardless of whether participants planned to retire or expected to keep working, there was always a caveat rooted in health: they hoped to carry out their plans if their bodies and minds allow it.

**Stereotyping.** One of the research questions in this study asks about the relationship of age stereotyping to the awareness of age-related change and the meaning assigned to it. Because this study also focuses on identity as a baby boomer, stereotypes associated with that age cohort were also explored.

**Age stereotyping.** In general, participant interviews showed a very positive attitude toward older adults, with very little explicit negative stereotyping demonstrated. Several participants had grown up with very positive relationships with grandparents or older relatives that colored their appreciation of older adults:

My grandfather, um, was, uh, my hero in so many ways... he was a quiet man, uh, with incredible skills with his hands. He had been a body shop foreman, uh. He had been a chicken farmer during the depression. He did what it took to feed his family... he could shoot and all of this was very impressive to me, and as a Davy Crockett fan, in the 1950s, my grandfather was, I sort of associated him with Fess Parker and Davy Crockett and it all just kind of went together. (Ken)

Either my parents would drop me off at their house or they'd pick me up on Saturday mornings... So we'd have lunch, typically at the Pancake House, which I thought was great and then we would go to a movie or we'd go back to their house and my grandfather and I would play cards. We'd play a little cribbage or gin rummy... he taught me how to play billiards at the time too, not pool, billiards. (Chris)

Like my grandmother, the inspiration. Hell, she's 101 (laughs). I mean, you know, I mean it's just all about an attitude really... She's out driving tractors and that kind of thing. And she just, you know, did what needed to be done. And that was always her attitude. But she always had... you know, she always still does to this day, advice... she's seen so much stuff come and go. (Harry)

Paul and his four siblings, whose father committed suicide when they were young and whose mother was frequently hospitalized for mental illness, spent extended periods living with grandparents. He viewed them as providing important structure and solidity for “our little

family” as well as instilling important moral values as they grew up. He thinks of older adults as having competency and wisdom from which he can learn, and enjoys their company:

I grew up respecting older people, not disrespecting them in any way, and that’s maybe why I continue to be attracted to some of these older folks and their lives...I love hearing their stories and stuff, and the same with my grandmother and grandfather. They were just, they were wonderful about sharing those kinds of things and...it was all about, you know, kind of sitting at the feet of the teacher and, and learning, and, and trying to learn from their experience.

Jeffrey, who grew up with grandparents to whom he was very close but also has extensive professional experience with ill older adults, expressed his image of older adults as “wise and thoughtful but less physically vigorous... experienced, knowledgeable, but maybe need help...doing more physical things.” In his interview, he talked about how he believed that his own patience had increased with age, and later said about older adults in general “I think that by and large most older people are more patient and they've seen more, they realize that maybe getting worked up or excited about...one issue or another is not that important.”

***Baby boomer stereotyping.*** Although participants were all born during the first half of the postwar baby boom, they do not as a whole have unreservedly positive images of that age cohort. Some thought of the baby boom first as a demographic group:

I consider a baby boomer to be somebody who's 55 into their sixties. (Glenn)

It's the aging part of the population. (Alan)

I just think of, you know, post-World War II and I think of the '50s primarily...(Chris)

When considering attributes of baby boomers, some believed that baby boomers were fortunate to live at the time that they did:

I think we were probably the most privileged group of people this country has ever produced and that our parents had done a lot of the really tough stuff through the Depression and World War II. (Daniel)

...a population of people who have been relatively fortunate growing up in a time in our country where things have gone generally fairly well, and we've all been pretty fortunate to ride that wave of prosperity. So it's actually seems to me to be a lucky group of people. (Jeffrey)

Some participants observed that the common stereotype of baby boomers—not necessarily a stereotype that they themselves held—was of selfishness, and characterized the baby boom as the “me generation”:

Well, I had one that I'm not sure is true or not, I don't know...that here's this kind of selfish large demographic body who sucks up all the air, you know. (Glenn)

...in a lot of things that I've read over the years baby boomers have been categorized as these self-absorbed selfish, it's all about me, I need mine, the greed of the '80s, it's all our fault and all this stuff. (Paul)

However, other participants also had positive images of baby boomers and the period in which the baby boom grew up:

Baby boomer means a cultural revolution to me. (Harry)

Experience and wisdom. (Alan)

We felt like there were bigger issues than whether we made an A or not in class... now I look at what happens on our campus and others and...there's definitely not that level of involvement in anything. (Donald)

Ken saw positive and negative qualities of the baby boom time period and baby boomers. On one hand, he agreed with Harry's point of view that cultural changes had a huge positive impact, including music, film, and television: “I still measure the creativity and tunefulness of pop music against those standards.” He also viewed baby boom political activism as original and

life-changing: “However ineffectual my participation... might have been, I look at that as a period of time when there was real courage displayed on the part of a number of people of our generation who took a lot of risks, and who were more than anything emotionally committed to the cause.” However, he made clear that he believed that baby boomer activism was unequal to the bravery and commitment of their parents’ generation: “I don’t think that what was happening there can be compared to Brokaw’s ‘greatest generation’, relative to commitment or courage...” and he also voiced concerns about the baby boom being self-absorbed: “... the World War II guys are all gone...for the most part, the core of the leadership of our country are the boomers and I’m not very proud of the way we’re doing the job at all. I do think there is a kind of digging into positions that demonstrates a degree of selfishness and an unwillingness to step to a higher level of problem solving...”

Overall, among these participants there is not a unified stereotype of people born during the baby boom, nor is there unity about whether baby boom qualities are positive or negative. Given the fragmented nature of impressions, it seems unlikely that there is strong identity with one image. However, participants may share experiences, such as the quality of daily life, cultural events, political activism, or the Vietnam War that can unify the group in a generational identity.

**Social identity.** The third research question asked if social identity affects awareness or appraisal of age-related change. Age and generational identities were explored in the interviews, and other significant identities were revealed in the context of discussion of other questions.

**Baby boom identity.** Generally, identity as a baby boomer did not appear to be salient or powerful for participants. A few participants said that they identified positively as a baby boomer:

I do identify at some level with, um, with the boomers. I feel enormous pride in this willingness to be part of a political process... (Ken)

I'm proud to be part of that ... part of that era I guess... only the people who went through that probably could even understand what that was all about. (Harry)

Donald associated identity as a baby boomer with the sense of common experience with others of the music, the draft, the political unrest, the events of the time:

...if I'm around somebody 15 years younger than me...I could be friends and all that but they are not going to understand what, what it means to be a baby boomer... they don't have same experience, you just can't do it. ... I don't understand somebody my age dating a woman 20 years younger because all of that's not there. And it's really important to feel that connection and you can't get it with somebody who has no idea what you're thinking and talking about. So that's why I'm dating a really old woman [laughs].

Chris spoke of the same bond of common experience:

I just think of you know, post-World War II and I think of the '50s primarily and a large group of people who I probably relate to pretty well where we share common experiences that we've had through our lives, social norms, lifestyle, historical events... I know within that group of people, like if I'm talking to you, I can talk about a particular event that occurred in the '60s and you're aware of it, as opposed to talking to my kids and talking about the same thing...

However, he hesitates to say he identifies with the label "baby boomer:"

I'm not sure what that means. How do, [what] does it mean to identify with being a baby boomer? I identify very strongly with people of my generation. I would say that.

For other participants, the identity appears to have no value:

I don't give it any thought at all...I know I am part of that generation, but I never thought that I was particularly defined by that. (Art)

Well, I mean when I think about it I realize that I, that I am in that cohort. I don't really think about it. (Jeffrey)

I mean, I know I am, but that's not something I think about, no. Both my sisters are baby boomers, but I don't think they think about it either. (Craig)

Paul actively rejects identity as a baby boomer, and sees some descriptions of the baby boom cohort as antithetical to his values:

I resent it because ... baby boomers have been categorized as these self-absorbed, selfish, it's all about me, I need mine, the greed of the '80s, it's all our fault and all this stuff. And I resent that characterization, okay? And I don't really identify with it because I don't believe that my life has embraced those values... I identify much more strongly with the World War II generation in terms of my values.

*Age identity.* In addition to identity as a member of the baby boom age cohort being not valuable to many of these men, the idea of age identity was considered not especially meaningful. All participants considered themselves younger than their chronological age, and many did not think of their chronological age as being especially relevant to their lives:

I don't think it's meant a lot to me being 60 as opposed to being 50. I think for whatever reason I guess being 70 or 80 is now my definition of being old, older, as opposed to being 60 but I'm sure that's a rolling definition. (Jeffrey)

I always kind of underestimated my age a little bit. I mean, it is just recently that I've started to think of myself as a person in his sixties...Most of the people I know are like more towards 55, 56, and so I kind of associate with that. (Glenn)

I don't think about age. I know I'm 62, almost 63, but when I think about things, that doesn't enter into the thought process. I don't know if that's good or bad. I worked with a lot of people that are younger than I am, makes me feel younger I think. (Craig)

However, as described earlier, men like Alan, Donald, and Harry who had a parent who died close to their age are very aware of that age as a benchmark, and compare their current age

to the age at which their parent died. In that sense, their own age has enormous meaning to them either as falling before a real threat arrives or surviving beyond the first threat of mortality.

*Other strong identities.* Many of these participants are still working, and have occupational identities that are robust and meaningful. Ken and Lee both described how central their work is to them. Ken views his work as proceeding along a straight path that he set for himself in graduate school:

It's been terribly important to me, enormously important to me. I, I've loved it. I'm a privileged soul because I've been able to do work that I wanted to do from the time that I was in graduate school. The view of work has been a straight line. I had a goal in 1977 when I graduated with my master's degree and I have done precisely what I set out to do and the line is as straight as it can be.  
(Ken)

Lee's work is as central to his identity as Ken's, but followed a more circuitous route. His path to becoming a priest evolved over many years, beginning while he was practicing actively as a lawyer:

I never had anything that I would have attributed to a specific intervention or tap on the shoulder from God... if there had been any glitch I would, I really would have taken it as a sign that I wasn't supposed to do it and been glad to get off the hook... finally sort of an exasperation and I said "God, what do you want me to do?" ... And what became very clear at least to me was that... God wanted me to be ordained and go forward as a priest but didn't matter which route I took.

He spent several years as a part-time priest under a non-seminary option. After a lengthy discernment process, he gave up his law practice, went to seminary at the age of 55, and became a full-time priest. He views this as what he was intended to do with his life:

I just love what I'm doing as a priest in active ministry... I know how tired I could be after 12 hours of work when I was practicing law and it's a different tired. It is different sets of frustrations, you know, but I never for a moment regretted doing this.

A strong identity that intersects with Lee's identity as a priest is his identity as a member of Alcoholics Anonymous, and through that membership, his identity as an alcoholic. Lee noted that most of his and his wife's social interactions are either church-related or with people he knows from AA. As described earlier, he talked about how AA enhanced his sense of grace and forgiveness. He also sees AA as enabling his understanding of his calling:

[AA] was very, very transformative as to how I understood God and my ability to hear God and my ability... to understand and to feel where I'm perhaps being called in small ways, not just big ways.

Chris also has a strong faith identity. He has been a member of the same church since 1978, and has strong ties to faith organizations through memberships on governance boards. Many of his friends grew up in the same community, attend the same church, and belong to the same community organizations, so this social identity is cemented at the intersection of multiple connections. Although he is a prominent business leader, he does not want to be characterized as a business leader but as a community leader, because he views his identity as being focused on providing benefit to others, not just for his own interests. Throughout his career, he has been actively involved in community organizations that are focused on improving the future in the city in which he lives, and takes his identity as a community leader and a role model seriously. He discussed how his behaviors now are shaped by his identity as a role model for people at earlier stages in their careers:

...younger people telling me that I am this role model for them ... even peers telling me that, heightens my sense of responsibility to where when I do sit around and say, oh, maybe I'll just have one more martini, I think what if I had a wreck or got arrested or said something stupid or whatever. These people are relying on me. So I don't do it.

Paul shares a community-focused social identity. As noted earlier, Paul's family situation was fragmented and insecure in many ways, but it always seemed as if friends' families happened to be at the right place at the right time to provide support:

There was a strong sense of community where we grew up. And there was... a lot of support at a kind of grassroots friends and neighbors level for our family while I was growing up... I have memories of...being invited over to dinner once a week at somebody's house ... I didn't realize it then, but I thought it was great fun, but I'm sure it was people pulling together and helping to support our family. Because there were five of us and when my dad died, I think my brother was 12 and Carolyn the youngest was three months old...So you know, all these things, all these wonderful things that just kind of seemed to happen were actually quite by design.

As a result of his experience, Paul has a very strong sense of community and a very strong identity as someone who helps others:

...it is our obligation to share, to help people less fortunate than we are, and to, to you know, take in, I mean, we've taken in children, friends of our kids and so forth who've had problems, just like what happened in my family, what people were doing for my family.

Alan maintains a strong social identity as a college athlete. He is the only participant for whom a sports identity established in college has remained strong throughout life. Since college, this identity has provided positive opportunities for socializing, for career enhancement, and for recognition:

I was the first High School All-American at my high school, the first kid to go off from my high school and play at a big school. That I played and was able to start and we were national champions, one year. [I] played in the Rose Bowl, a big deal. Beat Southern Cal and won the National Championships so that's a life-impacting thing in many respects.

This identity provided a broad network of connections that resulted in developing a first career in coaching as well as a later career in real estate sales. In addition, his oldest friends are from the same college team and continue to provide a source of deep friendship.

These identities that are not related to age are significant in participants' daily activities and drive their attitudes and behaviors. These strong social identities clearly have more salience for them at this point in their lives than either generational or age identity.

**Successful aging.** In Diehl and Wahl's model of awareness of age-related change (Figure 1), AARC is antecedent to three major outcomes: physical well-being and functional status, engagement with life, and psychological well-being. These three outcomes are the foundation of Rowe and Kahn's definition of successful aging. In the participant interviews, there is a connection between participants' awareness of their own age-related change and what they see as successful aging.

***Physical and cognitive health.*** Physical changes were the most common changes observed by participants, and remaining healthy was identified by 11 out of 12 participants to be a component of successful aging for them:

I don't want to be sickly. (Craig)

The biggest thing that I think I need to do is make sure I'm healthy and take all the steps to remain healthy. (Harry)

...certainly, having decent health. I think probably the thing I would worry about the most. (Daniel)

Donald and Art exemplified the polar extremes when considering being healthy as part of successful aging. Although he has experienced health issues in the last few years including shoulder surgery and kidney cancer, Donald expressed a robust belief in the controllability of health as he ages: "I think in general, just because I'm getting older I'm not going to be

physically weak, I'm not going to become mentally slow... I know I can keep doing what I do for a long time if I wanted to." Art, however, who struggles with his parents' aging issues, has a much bleaker view of health as he ages:

I just see the progression of, as I've jokingly said "parts falling off the truck,"...bit by bit, things happen. I mean, dental issues, eyesight, hearing, arthritis, knees, hips, um, the things that aren't ... that don't even really change you the way you move during the day... but bit by bit, just a little bit here and a little bit there, and all of a sudden, they compound and all of a sudden, at 80, 85, now they're all there...they're weighing down on you and they've really made it impossible to do a number of things at that point and you better have made plans for that point.

Half of this group of participants spoke of health fears as a threat to successful aging. For the most part, these are participants who experienced a family member's death or illness. Harry, who lost both parents to cancer at a young age, seems resigned to having cancer himself at some point, and for that reason sees himself retiring at an early age:

We've talked about retirement and retiring early because of, you know, that's probably one of the major reasons. I mean, we want to travel and that kind of thing and I don't want to get to the point where I work all my life and then be diagnosed with some fatal disease, so, you know. I'm not a pessimist, but I'm kind of a realist on that kind of a thing.

Alan, who was treated for a melanoma in the last few years expressed worry about a recurrence:

I mean I had the melanoma thing. I know things are going to be happening. I guess I hope that we have enough finances to go through those things comfortably. I mean, I worry about those a bit, but I don't let myself, I'm not trying to worry too much about that.

Four participants explicitly mentioned maintaining cognitive ability as critical for successful aging. However, other participants reported fear of losing cognitive ability as they

age, for themselves and for their families. The fear of the loss itself seems to be compounded by the absence of control over its appearance:

You know, the scary part about it to me though is...the Alzheimer's thing. You read so much literature on that anymore and you're thinking, "God dang, I mean are we all predestined to Alzheimer's at a certain age?" (Harry)

I know there's no way to prevent, well, maybe there are things you can do I think to help maybe minimize your chances of ending up that way... But, um, to some extent, my uncle did those things. He stayed active. He wasn't a heavy drinker or a smoker, ate pretty well. That would, that terrifies me. (Daniel)

End of life issues figured into definitions of successful aging for seven participants. For two participants, the prospect of living without their partner was a distressing concern:

Death doesn't frighten me but living without [my wife], you know, that would be a concern and I believe that would be a depression. (Lee)

I've talked that over with [my partner], that you know, I want to die a day before she does and because I don't want to be around when she's not there. (Donald)

Donald also noted that to him, fear of death was about not seeing the future of his children's lives:

Fear of death has an awful lot to do with them [his children]...because you want to be there to see what they do and, and then you want to be there to see their children. So the thought of dying is...it's not so much, you know, I'll be dead.... It's like you don't want to miss out on what's going on with them because I'm so very interested in what's before them.

For some participants, successful aging also included the quality of life as they become older. Some noted that they have arrangements in place to avoid lengthy final stays in hospitals or nursing homes. Two participants described their plans like this:

If I'm in a hospital somewhere and on life support, which is, you know, we've got that taken care of so that's not gonna happen....(Craig)

We don't want to end up in a home, and we've discussed before that if we get to the point where we can't take care of ourselves, we don't want to be around. We've addressed that between the two of us. We haven't told the kids that yet... we're going to check out before we become a burden on people. (Alan)

***Engagement with life.*** Work is one of the primary ways that each of these participants has engaged with life. For most people, there is no longer a mandatory retirement age, so the individual can choose when to retire, and often, choose how to retire. Within this group, six participants were either retired or plan to retire from work. These six have a wide variety of work circumstances. Glenn, the only person who was fully retired at the time of the interview, worked for a state government for his entire career. Craig, who was on medical leave at the time of the interview but planned to retire within a few months, worked for the same manufacturing business for his entire working career. Donald, who planned to retire within a few months of the interview, worked for a state university for his entire working career. Paul plans to retire from his retail job within two to three years. Jeffrey does part-time medical contract work for the federal government and plans to retire by the end of 2015. Harry is self-employed and plans to retire early in two to three years.

Three participants do not plan to retire at all. Daniel, who does construction work, expects to continue working as long as he can physically do the work. He views continuing to work as important to being fit and capable enough to continue to work: "I also think that continuing to do it enables you to continue to do it. If you stop doing it, whatever 'it' happens to be, you're going to pretty quickly lose the physical ability to." Art plans to continue doing what he is doing now: "...my friends will ask me 'Well, are you retired yet?' or 'Have you retired?'"

or ‘Are you going to?’ and my answer is not yet and ... not planning on it.....” Although Art does not seem to have an especially strong occupational identity, he has a very strong work ethic that makes it difficult to imagine being without a job: “I was raised in an environment where that’s what you do, you work.” Ken, however, has a very strong occupational identity as an independent organizational consultant and very strong ambition to continue to succeed: “I’m not hungry to be promoted and to do the kinds of things I did when I was 30, but I want to be a player in the field and I don’t see that ending until I can’t do it anymore.”

Three participants plan to continue to work, but to adapt how they work to their circumstances. Lee is required by his diocese to officially retire at the age of 72. However, he can continue to work as a priest in specific limited situations. He does not see retiring in a traditional sense: “...being connected with people, ways where I have, can share of whatever gifts that I have would be things I would see as being part of a retirement.” Alan sees himself continuing to work either in real estate or in some entrepreneurial ventures: “I think I’ll always be doing something. I am not going to sit at home and get old and do nothing.” Chris, still actively involved in his business and in his community, looks at changing how he is involved as he grows older: “There’s so much I could be doing. Can I do that as fast and with the intensity as I used to? No, but do I maybe have a little more wisdom to utilize that I could, by the way, help other people keep from making some of the mistakes I made? Sure. Should I do that? Absolutely.”

Half of this group of participants said that financial security was important to successful aging. Four of these have been self-employed throughout their work lives and two have a certain amount of anxiety about their financial position if they stop working:

We haven’t done a great job financially of preparing for this time of our life, okay? ... I still worry a lot about where we are, because

we haven't done a good job with our finances and our money.  
(Alan)

I tell myself, "Well...as long as we're not crazy about money we'll be okay." And if, if everything goes to hell anyways, it is not going to matter how much money you have. So, some of this is, some of this I think honestly relates to my sort of passive nature that I'm willing to accept things as they come and feel like it's sort of out of my hands. (Daniel)

All three of the participants who identified as either retired or soon to retire are covered by employer pension plans. Only one of these (Glenn) mentioned financial security as a factor in successful retirement. Glenn is the only participant who has significant chronic health problems, so it may be that these make the need for a safety net more tangible for him than for other participants.

Family involvement was mentioned by almost all of the participants as a part of successful aging. Those with partners mentioned the importance of the partner or described activities in later life that would involve the partner:

I have the firm expectation that [my wife] is going to be around, you know. And I think she would say that she's got the firm expectation that she hopes that I'm going to plan to be around.  
(Lee)

I'm never bored talking to her or doing things with her...so I've got something really great to look forward to and I think if I didn't have that, I would probably not retire because I'd be afraid of boredom and that sort of thing. So I think having a very significant other person like that feels the same way about me...so that's a really exciting thing to look forward to. (Donald)

Participants with children and grandchildren all mentioned the importance of those family members to successful aging. Three participants described it like this:

I feel mostly positive things about...my boys are going to have children and I, I'd love to believe that I'll be a grandfather at some [time]...(Ken)

...having a good relationship with my family members I think is one of the key important things. My two sons, I want to do whatever I can to remain important to them. (Jeffrey)

I don't think it's possible to be closer to your children than I was. And it's still that way.... I just can't imagine not having those children. (Donald)

Friendships were mentioned as important for continued engagement by five participants. Glenn, who has no remaining living family, has a large group of friends who function in a sense as fictive kin. They are the members of informal social groups of which he has been a part for 40 years, and are the center of his social activity. Glenn says about the city in which he lives "...it's, you know, hot as unholy hinges of hell in the summer... it's not exactly an economic powerhouse, but, uh, you know, people I know are there and so I don't think I'd move someplace else. I mean, I ain't moving to Carmel." For other participants, friends are seen as adding texture to the experience of life with age:

I like talking to people and I have a lot of people I consider to be friends. Even if I haven't seen them in years, you know. I look forward to that. I look forward to seeing them again, and talking to them again and I think it adds a richness to your life. (Alan)

What I really like is travelling with friends, and having experiences. And one of the best things I've done in the last number of years about that is a couple of my friends who were...much more physically active than I ever was, guys who ride 150 mile bike rides and climb all the 14ers, stuff like that, they've gotten interested in bird watching. And we go out and do that and we have a great time. (Daniel)

All participants envision an active life ahead, with six mentioning expectations of volunteerism, six planning to travel, and five describing other recreational or cultural activities. Aligning with the Rowe and Kahn proposal that successful aging requires "productivity," five participants mentioned the need for productivity, or at least busyness as they age:

I'm not a great relaxer...there's so much I could be doing. (Chris)

We want to still live a productive life so we're meaningful to people. (Alan)

I just plan on trying to stay busy, doing probably what I currently am doing. (Art)

***Psychological well-being.*** Several participants discussed their hopes for the future in terms of happiness or contentment, or in the case of Lee, being actively involved in what makes his “heart sing. And I say it that way, for me what makes my heart sing is I connect with people.” Jeffrey described a good life as he gets older as “trying to find a sense of peace and satisfaction ...and a sense of happiness with what I'm doing and where I'm going.” For Alan, a sense of satisfaction involves helping others: “I do want to make the world a better place. I do want to bring happiness to people, even if it's just in some small way in some small time in their lives. If I can make them a little bit happier, that's important to me.” Ken, whose life has been exceptionally busy for many years, finds that now “there are times when I can find more joy without having to do something. I think I have a little more of ... an ability to enjoy a Zen-like pleasure through reflection....I think I spend more time reflecting and taking pleasure in it.”

Some participants discussed the importance of a sense of generativity: the sense of leaving a legacy of oneself that extends into the future. This was expressed concretely by some and in more philosophical, metaphysical terms by others. Chris spoke of the impact of his faith on what he sees as his responsibilities: “I believe that God puts us on earth to serve other people... He put me here to do things that are beneficial.” Helping others learn more about the things he knows is part of that responsibility:

I used to kind of take that W. C. Fields approach: get away from me, kid, you bother me... for the most part, they really just want to learn, and if they have an interest in learning something about something that I know about, whether it's old cars, [business], whatever, then gosh, why would I not?

For Donald, his legacy is threefold: his children, the academic program he founded, and his students, and he takes great pride in all three and his role in the success of all three:

I feel like I've done enough and worked pretty hard for a long time and I've had a noticeable impact on a lot of people and students and some faculty...a lot of them. I feel like I've done that for a long time and that I accomplished what I need to here. So it's not like if I drop dead tomorrow it's like, "oh man, I didn't finish that symphony" or something.

Daniel and his wife have no children, so he struggles with how to leave something of himself behind:

It's mainly the recognition that ... to some degree, I'm just going to pass on into nothingness and I don't have sons or daughters to remember fondly or not, or whatever I think I may have learned about life, not have been passed along to anybody...

Daniel does have nieces and nephews, and felt happy to hear from other family members that they have spoken of the positive impact of time spent as children with him and his wife: "...maybe there's more of me out there than I may have realized."

Ken views a legacy as extending from his father through him to his children, and he hopes someday to his grandchildren. He speaks concretely about a love of travel that was instilled in him as a child by his parents, and that he has passed on to his children: "I want to travel [to the American West] whenever I can and I do, and I've taught that to my boys. My boys completely share that passion ...and I know that it's all rooted in those early trips in the late fifties and early sixties that my dad took us on...." On a more metaphysical level, Ken was very emotional speaking of himself as the link in chain of generations: "This is life, and that there's a joy in that. The joy is...that I have the privilege [crying] of having that responsibility because, because of who my father was and what he gave me and what I've tried to do with my sons, and

it's a legacy and it's an awareness of not just the responsibility, but this marvelous thing that I'm part of that you can't experience 'til you're older.”

### **Comparison of questionnaire results and interviews**

Although this study is neither designed as nor intended to be a quantitative analysis, five questionnaires were used to provide a credibility check for the interview data. The surveys can provide an overall picture of the group of participants and perhaps point to additional questions, but they cannot be used in the context of this study to generalize to a broader population. The results of these surveys were examined for consistency with the data from the interviews. Results of the participant surveys were generally consistent with the interviews.

**Awareness of Age-Related Change Questionnaire.** This 50-item 5-point Likert scale questionnaire assesses participants' awareness of change within the domains proposed by Diehl and Wahl (2010). In general, at this stage of life participants felt little change in how they interact with others, few declines in their level of activity, and an increase in how grateful they feel for the things they have. Scores on individual items seemed to vary primarily with current family situations or physical condition, but generally varied little by age of participant.

The AARC questionnaire reflected similar issues as the interviews. Although all participants were aware of physical changes, only Jeffrey, who discussed his activity limitations in his interview, noted on the AARC questionnaire that he felt he had to limit his physical activities. Consistent with the interview findings, most participants expressed on the survey that they have more aches and pains and less physical ability than in the past. Relatively minor concerns about current cognitive condition were consistent between the interviews and the surveys. Two of three participants who scored the least positively on this survey were those who expressed the most unhappiness during their interviews: Art, whose father recently died, and

Paul, whose children were experiencing severe substance abuse issues. One anomaly in results was Alan, who scored the lowest positive score of all participants while seeming quite upbeat in his interview. His lowest scores were on items related to psychological well-being and wisdom. During the period of this study, Alan and his wife were selling their home of 30 years in order to move to a new community. His responses on the psychological well-being items may reflect a sense of apprehension about the future, both in terms of both understanding what he wants from the future and concerns about illness and death. These concerns emerged in the interview, but were less emphasized than more positive aspects of his current life.

**Cameron Social Identity Scale.** This 8-item 5-point Likert scale questionnaire was used to measure participants' sense of identity as a "baby boomer." The highest possible score is 40, reflecting very high identification with this group. The mean score for this group was 23.25. In general, the results of this survey indicate little investment in or salience of identity as a Baby Boomer for this group of participants.

The Cameron Social Identity Scale results were consistent with interview results showing that being born during the postwar baby boom means little to this group of participants. Most participants agreed that it was easy to form a bond with other baby boomers, presumably because of the sense of common experience. With the exception of Paul, who in the interview expressed disdain for what he sees as the image of baby boomers, participants felt that they had much in common with others of this age cohort. However, on both this scale and in interviews, it was clear that for most participants, this is not an important or self-defining identity at their current ages.

**Expectations Regarding Aging Survey.** This 12-question four-point Likert scale questionnaire was used to assess participants' stereotypes of the aging process and expectations

for their own process of aging. Generally, participants believed that physical decline and a certain amount of minor cognitive decline such as forgetting names are part of the aging process, but most disagreed with the items suggesting that loneliness and depression are expected with aging.

The results of this survey paralleled the interview results in terms of positive expectations regarding relationships and psychological well-being: the highest group scores reflected disagreement with the expectation of spending less time with friends and family, being depressed, and being lonely. However, participants tended to agree with expectations of having more aches and pains, becoming more forgetful, and the body just wearing out with age. This supports the interview results in which many participants felt that “these things happen” or “I think this happens to everyone.” Art had the most negative score by far of any participant. Again, it seems likely that this was driven by his recent difficult experiences with his parents.

**Attitude Toward Own Aging Survey.** This five-item survey was used to assess participants’ attitudes toward their current process of aging. The maximum total score is five, with five being the most positive. With one exception, participants scored either 4 or 5, reflecting a generally positive attitude toward what they have experienced as they grow older.

The Attitude Toward Own Aging Survey reflected generally positive feelings about the participants’ own experience of aging, with all participants except Art having high positive scores. Glenn and Jeffrey, both of whom are experiencing some health challenges resulting in less physically active lives than they had in the past, reported that “as I get older, things are worse than I thought they would be.” This is consistent with discussions in their interviews about health, physical discomfort, and limitations. Both Art and Paul reported on the survey that they

were not as happy now as when they were younger. This also seems consistent with the information from interviews about their current family challenges.

**Subjective Age Questionnaire.** This four-question survey assesses the participant’s perception of his own age in four different situations: appearance, interests, feeling, and actions. For all participants, the mean subjective age was at least ten years younger than actual age (Table 2). Half of the participants felt they looked younger than their actual age. Only three of the twelve participants felt that their interests were similar to those in their actual age decade, and only two felt that they were in their actual age decade. None of the participants believed that they did most things as if they were their actual age.

Table 2

*Subjective Age Questionnaire Results*

Question	Participant												M
	1	2	3	4	5	6	7	8	9	10	11	12	
I look as though I am in my...	6	6	6	6	5	5	5	5	5	6	6	4	5.4
My interests are mostly those of a person in his or her...	5	5	6	6	5	6	4	4	5	5	5	3	4.9
I feel as though I am in my...	6	6	4	5	5	4	5	4	5	5	4	3	4.7
I do most things as though I am in my...	5	5	5	4	4	5	5	5	5	4	3	4	4.5
Participant mean	5.5	5.5	5.3	5.3	4.8	5.0	4.8	4.5	5.0	5.0	4.5	3.5	
Actual age	67	67	67	66	65	63	62	62	62	61	61	58	

*Note.* 3=30s; 4=40s; 5=50s; 6=60s; 7=70s

Overall, scores on the Subjective Age Questionnaire showed a group of men who feel younger than their chronological age. The mean subjective ages for this group ranged from a low of about 35 for Harry, the youngest participant, to a high of about 55 for both Glenn and Daniel, each of whom were 67 at the time of data collection. Generally, participants had a realistic assessment of how old they looked, but clearly felt younger than their actual age. This includes both Art and Paul, who both said they felt as if they were in their forties, so their family

challenges do not seem to affect how old they feel. This overall sense of being younger has positive implications for engagement with life and psychological well-being as these participants age.

## CHAPTER IV

### DISCUSSION

The results of this study show a good fit with the conceptual framework of AARC proposed by Diehl and Wahl (Figure 1). Awareness of age-related change is seen as being related to most of the distal and proximal antecedents shown in the model, and meaning making and behavior regulation are influenced not only by the antecedents but also by the processes that surround AARC. The expectations of major outcomes describe participants' perceptions of successful aging. There is little evidence of explicit age-related stereotypes held by the participants, and little awareness of being the victim of age-related stereotyping. Identity as a baby boomer is not important at this time to these men, although other social identities are salient in their lives.

#### **Model fit**

Physical health issues were most salient for this group of participants. Cognitive health concerns create more anxiety, but these concerns were generally minimized. Early socioeconomic differences among participants generally evened out through life as a result of upward or uninterrupted career trajectories. Current life events had an impact on how some participants viewed age-related change and on their overall sense of well-being at this time in their lives.

**Physical health.** For this group of participants, biological and health-related antecedents figure most prominently into AARC. Both major and minor health-related issues emerged as the most salient concerns about aging at this point in their lives. Most observed some issues that seemed to be minor daily irritations: achiness, weight gain, the need for reading glasses. These minor health-related concerns did not appear to vary by the age of the participant. In this group,

these issues were present for all regardless of age. In general, participants used externalization to make sense of these changes: “it happens to everyone...” This can be viewed as an early stage of the contamination hypothesis, suggesting that the participants are beginning to incorporate aging stereotypes into their views of themselves.

For some, including Art and Jeffrey, family histories of longevity provided a measure of safety for a long life. However, those with family histories of early death from cancer and heart disease had an elevated level of insecurity about the future: will it happen to me? Ken, whose identity and livelihood depend on a high level of mental agility, felt his parents’ decline in cognitive health on a very personal level: I’m afraid it will happen to me. In these situations, the connections among family health history, awareness of age-related change, and personal meaning making is overt and direct.

**Cognitive health.** In general, cognitive changes created more anxiety among participants. For many participants, these changes were manifested in routine ways: going into a room and forgetting why, misplacing keys, forgetting names. When discussing problems in name recall, many participants said “I’ve always been bad with names,” and so disconnected the problem from a relationship to age. Others noted using compensatory mechanisms for forgetfulness, such as list-making. Compensatory strategies for cognitive slips were used most often by those whose occupational identities were most closely connected to cognitive strength. These participants seemed to have the most to lose from accepting modest cognitive decline as part of life. For other participants the use of excuses or accommodation fit their perception of the meaning of the loss. However, Paul seemed to be unequipped for coping with the effect of memory loss on his daily life and especially on his ability to perform music. His experience of the limitations of his memory was deeply disturbing to him, and he was especially concerned

about whether his history of substance abuse was the source of memory loss. However, his family situation at the time of the interview was very difficult, so the resources available to him to make meaning of memory challenges may have been reduced. His ability to use compensatory strategies may have been situationally impaired.

**Early socioeconomic experience.** Because this sample was very narrowly drawn for similarity, the impact of some sociodemographic antecedents including sex, age, and living arrangements cannot be assessed. Socioeconomic status of origin did not appear to have an impact on AARC or expectations of aging within this group. This group of participants spanned a full range of socioeconomic origins, with four from economically disadvantaged families, four from upper-middle-class families, and four arrayed in the center between the two poles. Although it might be expected that those with the most disadvantaged early socioeconomic status would express its effect in less positive expectations of later life, this does not appear to be the case. All four of these participants expressed an expectation of long life with positive plans for active retirements, including travel and engagement with families.

Craig described living in poverty as a child and beginning a blue-collar career immediately following graduation from high school, but his work trajectory was uninterrupted. Although a lifetime of physical labor has had a clear effect on his health, he has a comfortable salary and looks forward to retirement benefits that will enable him to do what he chooses when he retires. Paul grew up with more economic and family precarity, but these were offset by the invisible hand of the community providing support and opportunity. Paul's work life has been more fragmented than Craig's, but his circumstances placed him in a position to participate in a broader socioeconomic environment than Craig. Paul's wife comes from a much more prosperous family than his, which enabled them to raise their children in economic security and

to feel comfortable about their financial future. Harry and Jeffrey both grew up in low-income households supported by fathers who were laborers. However, their parents expected both of them to go to college, and both were the first members of their families to graduate from college. Both Harry and Jeffrey have had successful careers that have allowed them to reach their current ages in generally good health and with complete financial security. With the exception of Harry, who has no children, the children of these participants graduated from college, so human and social capital has been built between the difficult economic origins of these men and their situation today.

**Impact of life events.** In the AARC model, situational appraisals and current life events are proximal antecedents of AARC and related to meaning making. In this study, these factors had an effect on how some participants perceived and interpreted age-related change. For at least three participants, specific conditions in their lives at the time of the interview had clear impacts upon their attitude toward their future as well as their overall level of positivity. Paul, Art, and Jeffrey all expressed concerns related to situational conditions that seemed to diminish their assessment of their own happiness or made it difficult to look beyond the situations at hand. For Art, who recently experienced the death of a parent, the assessment of the ability to remain healthy focused on “how many parts are falling off the truck” and when. He used this term repeatedly throughout the interview, both in reference to himself and to his parents. Paul’s concerns for his children were expressed by him as worry, unhappiness, and resulting in conflict with his wife. Jeffrey’s level of regretfulness about his own life choices, especially about his drinking, his career choices, and the loss of his marriage colored his ability to think concretely about his plans for the future: “I am so envious of others who seem to be able to put these things behind them with: ‘well, I did the best I could’ and not seem to have the self-doubt and second

thinking about these choices that were made. I know that none of the choices were made with the intent to hurt or not do my best, but I still ruminate about choices that could have been different that might have made things easier for my sons, Kathy, and now me. I wish someone had said to me that I need to think about how I might feel about these things in ten years when these decisions were made.”

**Sense of time.** Temporal awareness was strong among this group of participants. Awareness of the passage of time and a sense of future time perspective emerged in all interviews. Social interests for this group included a definite preference for spending time with fewer people and developing deeper intimacy in a smaller number of relationships rather than a shallow level of intimacy across many. Carstensen’s socioemotional selectivity theory (Carstensen, 2006; Carstensen et al., 1999) suggests that in older adults, this is a result of the selection of emotional goals over other types of goals such as development of new knowledge or building new relationships as future time perspective shortens. However, these men do not appear to be ready to abandon expectations of new experiences and new knowledge. Most look forward to new experiences through volunteerism or travel as they have more time available, and some plan to apply their knowledge in new ways in new fields. Perhaps for this stage of life in this age cohort, there will be an extended buffering period of time before the impact of a shorter future time perspective affects behavior.

### **Aging stereotypes**

Experiences of age stereotyping seemed to have little effect on participants’ AARC. At this point in their lives, none noted awareness of personal experience with age stereotyping toward them. They all felt overall at least a decade younger than their actual ages. Although almost all participants describe physical changes that include attributes that are part of many

aging stereotypes—thinning hair, wrinkles, gray beard—they seemed to feel no stigma attached to those attributes, and in fact, seemed to view them with bemusement. Glenn, the only participant with serious physical limitations, mentioned that in his volunteer work with the Coast Guard, he found that young Coast Guard officers seemed to rush to offer to help him with carrying heavy equipment and to treat him with deference, but felt that could be due to his apparent physical difficulties. However, as noted by Levy (2009) in her research on stereotype embodiment, age stereotypes are assimilated over the entire life span and can operate without conscious awareness. Stereotype embodiment can be seen as a process that operates both vertically and horizontally: top-down from culturally-held stereotypes to the individual and horizontally across an individual's life span from youth to old age. In the case of these participants, the vertical process of internalization of stereotypes probably has been at work for years, but because they feel younger, those stereotypes have not yet become relevant, and as a result, stereotype activation has not occurred.

**Positive images of aging.** If positive stereotypes can counteract negative stereotypes, these participants may have an advantage. The explicit images of older adults held by participants are very positive: warm, wise, competent, experienced, patient. These are many of the same terms used by participants to describe themselves as they discussed positive aspects of aging. Life span studies (Brandstädter & Rothermund, 2002; Rothermund & Brandstädter, 2003) suggest that as these participants age, they will redefine some aspects of aging stereotypes to include more positive components and develop aging schemas that are more complex than the basic cultural stereotype of age. However, it seems likely that for this group of participants, a younger age identity, better health, and a longer period of occupational engagement will result in the activation of aging stereotypes at a later age than for earlier age cohorts. Rothermund and

Brandstädter (2003) also found that the use of compensatory strategies to accommodate age-related change increased up until age 70 and then declined. However, given the robust expectations of the participants who have already reached traditional retirement age, it seems likely that the desire to continue active engagement with life will ensure that compensatory strategies will not decline as long as cognitive and physical function allow for an active life.

### **Social identity**

There was generally little sense of identity with the baby boom generational cohort with the exception of seeing its members as people with whom participants shared common experiences, such as being part of the draft lottery, remembering the Beatles, or participating in political activism. Applying Cameron's three-factor model of social identity (Cameron, 2004), at this point the only factor that is relevant to most participants is ingroup ties, or "fit": the extent to which group members feel part of a particular social group.

**Future time perspective and social identity.** Future time perspective also has a relationship to social identity. In Weiss and Lang's studies of generational identity (2009, 2012b), they propose a dual identity model that includes both age and generational identities. This model offers opportunities for both a sense of belonging and a sense of differentiation as time becomes finite. They suggest that generational identity may protect against negative age stereotyping as people age. In the current study, even though generational identity was not strong, there was a clear preference for age identification at a younger age than the participant's chronological age.

**Importance of identities not related to age.** At this time in their lives, the most robust identities that provide the most positive differentiation from others and are most salient in participants' lives do not involve either age or generation. These stronger social identities may

reduce the likelihood of these participants finding personal meanings in AARC that reflect either decline or a sense of aging. For participants with strong occupational identities that require active cognitive engagement, the sense of being at the peak of their abilities seems more likely than those for whom occupational identities either are not related to cognitive engagement or weaker. Strong social identities that involve sports or athletic skill may be more likely to result in seeing fewer limitations associated with physical change, or in a greater use of compensatory strategies to enable congruence with that identity. Although the distinction between age identity and generational identity was found by Weiss to occur in people 65 and older, in this group of participants differentiation may be postponed until other identities become less present in their lives. However, there are some identities that are unlikely to fade with age: priest, recovering alcoholic, musician, Christian. These are sources of meaning that may transcend other, more temporally-based identities.

**Social identity and generativity.** Weiss also looks at generational identity as providing a source of generativity for older adults (Weiss, 2014) through what Simmel called “the immortality of the group” (Simmel, 1898). Weiss suggests that generational identity satisfies a later-life search for continuity and a positive legacy. Among these participants, some specifically mentioned this need: how to find a way to pass on something of themselves to others so that they do not pass into nothingness. This legacy was not defined in terms of a financial gift, but in a form that satisfied a sense of leaving a positive legacy of the self for the future. At this point in their lives, the sense of being part of a unique generation is not the type of generativity participants are seeking. Instead, they are looking for a way to pass on their own skills, knowledge, and wisdom that can be carried on and used by others. However, as this generational cohort becomes older, the decline of other robust identities that provide differentiation as well as

a sense of the shrinking of the group may make identification as part of the baby boom cohort seem more valuable.

**Strengths-based subjective age.** The ability demonstrated by these participants to build meaning around age-related change that allows for an age identity (subjective age) that is younger than chronological age and that focuses on assets and strengths rather than deficits and declines may have long-term benefits that contribute to successful aging as defined in the Rowe and Kahn model. A new meta-analysis (Westerhof et al., 2014) examined whether subjective age predicts health and longevity over time. A significant effect of subjective age was found, and in almost all of the studies included in the review, positive effects of subjective age on health, health behaviors, or longevity were found. If a younger age identity based upon strengths can continue for these baby boom participants into older age, they may have a good chance of avoiding health challenges until later in life, retaining high cognitive function, and remaining engaged with life longer than earlier age cohorts.

**Limitations of Rowe and Kahn framework.** One criticism of Rowe and Kahn's approach to successful aging has been its focus on objective rather than subjective criteria for the definition of successful aging. It has been argued that older people, people with disabilities, or people who have chronic illness can experience successful aging in spite of being unable to meet some of Rowe and Kahn's criteria. For this participant group of generally healthy men entering the last third of their lives, their subjective experience of aging and their definitions of successful aging map closely to Rowe and Kahn's criteria. However, it must be expected that as they age, those definitions may change.

## **Limitations of the study**

The purpose of qualitative research is description; in the case of this study, its purpose is to describe the lived experience of a small group of participants and to make meaning of that experience. The qualitative methods used are not a limitation for the research questions posed for this study, but it is important to remember that the results cannot be generalized to a larger population. The themes that emerged from this research can be observed to be true for this sample of twelve men, and to answer the three research questions for this group, but in order to extend the results to a larger group, further research using different methods with a large sample will be necessary.

One of the key concepts of this study is age stereotyping. As reviewed earlier, there is much research demonstrating the presence not only of explicit stereotyping of which individuals are aware, but also implicit stereotyping which can affect attitudes and behaviors without the individual's awareness. The methods used in this study only tapped the participants' explicit stereotypes. It is clear that implicit culturally-based stereotypes of aging exist for most people, so it cannot be stated with certainty that participants had few negative stereotypes of aging. However, throughout the interviews and follow-up communications, participants exhibited few explicit negative stereotypes related to aging.

The participants shared a great deal of private information during the course of interviews and follow-up communications. However, it may be possible that a woman interviewing men using a relatively open interviewing technique may obtain less candid information about sensitive topics such as sexuality, or information that enhances the participant's image rather than challenges it.

Finally, it is important to remember the narrow and privileged status of this group of men. It cannot be assumed that these findings will be accurate for other groups including women, people of color, or people with other sexual identities. Further studies are needed to provide a broader understanding of the three research questions.

### **Opportunities for future research**

Some future research possibilities are opportunities that emerge from the limitations described above. In order to make sense of the results of this study within a broader context, the same study should be performed with people belonging to different identity groups: women, people of color, people of different sexual identities, people of different cultural backgrounds, people in different economic groups or living situations, people with disabilities or chronic illness, or people who are not employed but not retired. Being able to compare results across different groups will point to research questions to explore using larger population-based samples. In addition, it would be valuable to explore these questions longitudinally: what will happen with this group as it ages? What will the results of this study look like in 10 years? In 20 years?

There are also some narrower slices of the results of this study that would be interesting to explore further. The impact of substance abuse was discussed by three participants (as well as one of the participants in the theoretical sample). The later life impact of substance abuse in the baby boom age cohort is beginning to be addressed in studies of addiction. It would be valuable to learn more about its possible impacts on the three domains addressed as successful aging. Family relationships and successful aging offer another avenue for research. Few men spoke in detail about the importance of their wives as they age, although those with children spoke at length about their importance. Perhaps this was an unintentional omission, but it would be

interesting to explore whether this result would emerge for women as well as men, and if it affects relationships in later life. As noted above, it would also be useful to be able to assess the impact of implicit age stereotyping in order to get a more complete picture of how age stereotyping affects this age cohort within these research questions. Finally, it would be valuable to have measures of health and personality in order to enhance this type of research. These would help understand more clearly how health and psychological antecedents affect aging outcomes.

## CHAPTER V

### CONCLUSION

For this group of participants, it turns out that it isn't much of a drag getting old...yet. Age generally does not weigh heavily on them, and they tend to view their future as positive and fulfilling. Nor does this cohort need the support of a generational identity...yet. At this point, all participants have multiple social identities that are relevant and salient without needing the baby boom cohort as part of the structure of support that social identities provide. Although about half of participants expect a traditional retirement, half do not: half of this group expects to remain actively involved in some type of work and do not see a point at which that needs to end. The later life they envision is close to what Rowe and Kahn defined as successful aging.

Rowe and Kahn's work was significant in its focus on personal agency. Prior theories framed aging as negative outcomes that happen to the individual regardless of extrinsic factors that could reduce risk of decline. Rowe and Kahn identified many ways that the risk of decline could be reduced by the individual, one of which was engagement in productive activity. This focus on agency fits well with a sample of white heterosexual employed men who are in what could be described as robust later middle age. If personal agency is the center of successful aging, then this group is likely to be the most successful. However, it is critical to recognize that there are groups for whom agency has less impact than structural or other social factors in the quality of life. Social policy and structures are necessary to ensure the availability and quality of health care, safe housing, work and income supports, and education. Without these, agency is diminished, and as a result, we can expect that the prospect of successful aging declines. Kegan's model of constructive development (Eriksen, 2006; Kegan, 1998) proposed that in the system of the socialized mind, the person is defined by the "values, beliefs, definitions of the surround"—

no personal agency is involved. He suggests that a higher developmental system, the self-authoring mind, provides agency, or the capacity to define oneself beyond what society expects. Perhaps a new question for study with regard to successful aging is how to develop policies and structures that will increase the development of personal agency and enhance the ability of all identity groups to reduce the possibility of physical and cognitive decline, improve psychological well-being, and allow opportunities for engagement with life into old age.

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## **APPENDICES**

## APPENDIX A

### PARTICIPANT BIOGRAPHICAL SKETCHES

#### **Glenn, age 67**

Glenn grew up in an affluent suburb of New York City. He grew up with both parents and an older brother. When he was a junior in high school, his parents relocated to the city in the border Southwest in which he now lives. Although both of his parents grew up in this city, the move was a difficult change for Glenn. However, he now views this city as his hometown, loves the mixed cultural aspects of it, and expects to live there for the rest of his life. He graduated from a small liberal arts college, but in the first year of the Vietnam draft lottery received a very low number. He decided to enter the Peace Corps to delay the possibility of being drafted, and was sent to West Africa for three years. During that time, his father died unexpectedly during surgery at the age of 59. When Glenn returned home after his Peace Corps service, he was inspired by the Watergate hearings to attend law school. After law school, he became an assistant district attorney in the city in which he now lives, and formed many close friendships which are still important in his daily life. After prosecuting criminal cases for several years, he was offered the opportunity to become a staff attorney with a new state court of criminal appeals. He decided to take that job, and remained with the court of appeals until his retirement in 2012.

Glenn was his mother's main caregiver until her death at the age of 93. He is the only participant who has been the sole caregiver for a parent. His only sibling died almost two years ago of diabetes-related issues. Glenn is now the only surviving member of his family, and suffers from diabetes and associated problems. He is unmarried. However, he has a wide circle of close friends from college as well as in his city, and these friends are like family to him. Since retirement, he has been active as the head of the city law library, working with the Coast Guard, volunteering at a local high school, and doing some pro bono legal work. His activities are somewhat limited by his physical condition, but he continues to enjoy his broad circle of friends and participates in outdoor activities with them when he is able to do so.

## APPENDIX A (continued)

### **Daniel, age 67**

Daniel is the oldest of four brothers from a prosperous Midwestern family. He grew up with both sets of grandparents as well as uncles, aunts, and cousins in the same city who all saw each other frequently. His parents were married until Daniel was in college. At that point, his father's alcoholism led to the loss of his job as the president of a company in their hometown as well as some embarrassing highly public incidents, after which Daniel's parents divorced. Two of Daniel's brothers also became alcoholics, but in recent years stopped drinking. Daniel was a highly gifted but low effort student, and although he went to a prestigious college, was more interested in his social life than academic performance. He left school after his junior year, spent time working construction jobs, and then decided to finish his remaining credits. After graduation, he spent three years on a sailboat in the Caribbean, working odd jobs when he needed money to live. When he decided to return, he joined a small construction company in a large city in the mountain West, working essentially in the same way that he did while living on his sailboat: he worked as a carpenter when he needed money. Eventually he started his own small construction business to allow for more freedom. He has never actively marketed the business and managed to obtain jobs by word of mouth. By his own description, he has led a passive life waiting for things to happen, and in general, he feels that this has worked well for him. He feels somewhat uncomfortable about the lack of volition in his choices, but also believes that he has been the beneficiary of many opportunities because he was in the right place at the right time. However, he has also had problems with depression during adulthood, and periods of feeling an absence of self-worth. He is aware that his parents had higher ambitions for him, and quoted his mother as saying "We thought you were going to be a Rhodes Scholar, but now we'll just be happy if you stay out of jail."

Daniel's father died in his early 60s of liver cancer. His mother lived another 25 years in robust health, and died of breast cancer that she chose to stop treating. He had close relationships with his brothers before the loss of their mother, but since her death, his closeness to his brothers has increased. He has been married for more than 30 years to a woman who is much more assertive in nature than he. She has worked throughout their marriage, both helping manage the financial side of his business as well as working in professional museum jobs. This is a marriage of opposites that seems to have worked well. He says he is "semi-retired" which he thinks represents his entire working life, and he and his wife travel extensively. However, he continues to take construction jobs when he needs the money and although he is somewhat anxious about having enough money as they become older, he says he "will see what happens." He is soft-spoken, friendly, and has many interests, both active and intellectual.

## APPENDIX A (continued)

### **Art, age 67**

Art was born in the Southwest and as a child moved to different locations in that area as his father changed jobs. His father worked first teaching and then for a government farm agency. Ultimately his parents moved to the Midwestern city in which Art went to high school and where he still lives. His mother worked in a number of administrative jobs, with her final job before retirement managing a human resources function for a large school district. He is an only child. He describes a happy childhood, with much time spent with grandparents on their farm. It was there that he believes he started developing his strong work ethic, and that his parents reinforced this by making sure he always had jobs, including learning new skills on his grandparents' farm and helping his mother with odd jobs in her office. This lifetime work ethic strongly colors his attitude about retirement, and doesn't picture himself ever really retiring.

Art has been married for more than 40 years. His wife has never worked but has been an active community volunteer. They have two grown daughters and several grandchildren, none of whom live close by. Art and his wife are very active socially and spend much time with his wife's extended family. About six months prior to his interview, Art's father died very unexpectedly at the age of 93. In the course of his father's death, Art was confronted with a sense of mortality that he had never considered before, as well as the need to help his mother with business interests with which she did not want help. He believed that his parents had never considered the idea that they would die, even though they were both in their nineties. Because his business involves estate planning, Art has carefully considered the financial side of aging, but like his parents, had not thought about what his future would look like as he becomes older. His father's death has resulted in much consideration of what he and his wife really want to do with their lives, where they want to live, what they would like to accomplish, and how they want to live if they become ill. Although Art is a congenial, friendly person, at the time of our interview he was more subdued and thoughtful. His outlook on life seems to lean to pessimism rather than optimism.

## APPENDIX A (continued)

### Alan, age 66

Alan grew up in a large family in a city in the industrial upper Midwest. He was the middle child of five, and family life revolved around the Catholic Church. He attended Catholic schools through high school, and was very involved in the life of his parish church. He described church-sponsored summer camp experiences for boys which focused on boys discovering whether they had the calling to become priests. Alan said that at that age, he felt that if he felt the call, he would have to enter a seminary, and felt quite relieved that the call never came. His relationship with Catholicism ended when he married a divorced woman.

Alan was a talented athlete, and was highly recruited nationally for college football teams. He chose a team at the dominant state university in his state, and was very successful as a player. He played for an iconic coach and their team won a national championship in the Rose Bowl in 1968. It is impossible to overstate the importance to Alan of his identity as a college football player on this particular team. He is not only justifiably proud of this accomplishment, this experience has opened doors for him throughout his career. It allowed him to start his career as a coach, helped find investors in entrepreneurial ventures, and has afforded him a point of contact with many people in social situations.

Alan's first career was football coaching. This was a peripatetic and somewhat insecure life, and became more difficult when he married and started a family. After being fired from a coaching job at one of the service academies, a contact from his playing days contacted him about working with him on a real estate investment in a resort town in the West. From there, Alan started a career in real estate sales, but found an opportunity to start a recreational ranch that provided organized experiences for corporate clients as well as families. This was a successful business that operated many years, but saw a huge decline in business with the 2007 recession. Within the last few years, Alan was able to sell this business and is now considering other opportunities.

Alan and his wife have been married for close to 40 years. They have three grown daughters and four grandchildren, none of whom live close by. He and his wife have a close relationship with their daughters and grandchildren. However, Alan has had some trouble adjusting to his youngest daughter marrying another woman. He is an extremely friendly and outgoing man. Although generally positive about the future, Alan was candid about the fact that he and his wife have little retirement savings and hoped to be able to live on the proceeds from their business sale and house sale. This sense of income precarity worries Alan, and keeps him thinking about new entrepreneurial possibilities not only to keep active but also to build a financial cushion.

## APPENDIX A (continued)

### **Donald, age 65**

At the time of his interview, Donald was in the process of preparing to retire from his job as a psychology professor at a large university in the South where he has been on the faculty since he completed his doctorate. During his time on the faculty, he cofounded an undergraduate neuroscience program of which he is extremely proud. This program attracts some of the best students from around the country and provides a pipeline into top medical schools and research programs.

Donald is the oldest of four children. He grew up in an extended family that ran family restaurants in a medium-sized city. He has always been exceptionally competitive in both scholastics and athletics, and continues to compete in senior track and field events. Despite his apparent robust physical health, Donald was treated for renal cancer within the last year. His mother died of liver cancer in her sixties, but his father lived into old age and was remarried happily to a woman whom Donald admires and with whom he still enjoys spending time. Donald's youngest sister, who developed mental illness as an adult, died about ten years ago, apparently of suicide. She was Donald's favorite sibling, and her death continues to affect him with regret and sadness.

Donald married early in his career as a professor. He and his wife had three children, but divorced several years ago. The children who were still living at home when he and his wife divorced chose to live with him. He is exceptionally close to all his children, and is very proud of all their achievements. In the last 10 years, Donald reconnected at a class reunion with a woman whom he knew in high school. They slowly developed a romantic relationship, and at the time of the interview, were together as a couple although not living in the same city. They plan to marry and move to a new city after his retirement, and he seems ecstatic about the prospect.

At the time of the interview, Donald was exceptionally positive about life after retirement from the university. He has many plans for volunteer work, and has already been offered the opportunity to teach at a university in the city to which he and his future wife will move. He believes that he is at his peak intellectually and is enthusiastic about applying his skills and knowledge in new ways.

## APPENDIX A (continued)

### **Ken, age 63**

Ken was one of two children in a traditional family in a prosperous Midwestern suburban city. His parents were both originally teachers, but his father became a very successful salesperson for a yearbook company and his mother stayed at home until Ken and his sister were in high school. At that point, his mother returned to teach in high school. His mother's parents whom he adored lived in the house with his family, and his relationship with his grandfather in particular was central in his life. Ken's memories of growing up are warm and positive, and sound like an archetypal 1950s childhood. Taking summer car trips across the country with his family was an especially important memory for him, and he sees these as leading directly to his own interest in travel with his children.

Leadership is a key theme throughout Ken's life. Ken has seen himself as a leader since childhood. He spoke of being the neighborhood leader who always had great ideas for what he and his friends could do for fun, sometimes tempered by adult supervision. In high school, success as a debater provided a new opportunity to be successful as a leader. In college, he was very successful as a popular musician, but in graduate school he emerged as especially skilled in organizational communication, and began a career in organizational consulting in which he has been extremely successful. He speaks now of continuing to be a thought leader in his field as he becomes older.

Ken has two young adult sons from a first marriage to whom he is extraordinarily close and of whom he is extraordinarily proud. He spoke of how important it was for him when they were growing up to manage his work to be able to be at home to coach sports teams, take them on trips, and go on adventures with them. He is remarried to a woman who has a teenaged daughter; Ken and his stepdaughter are apparently friendly but not close.

Ken's parents are both in their 80s and both have severe dementias of different kinds. Although this is extremely dismaying for Ken, he lives on the East coast and his parents live in the Midwest, and his sister is their primary caregiver, so he is buffered from their difficulty to some extent. Ken is intense, emotional, and speaks very fast with much gesturing and drama. He came to tears talking about his children, his grandparents and parents, and his spiritual connection to the West.

## APPENDIX A (continued)

### Jeffrey, age 62

Jeffrey grew up in a small town in the Midwest, the oldest of five siblings. His father was a day laborer at various jobs and his mother worked during part of his childhood at various low-level office jobs. Jeffrey's grandparents lived close by as he grew up, and he was very close to them. He was always an outstanding student and went to university at one of his state's universities that was close to home, becoming the first person in his family to graduate from college. When he was a freshman in college, one grandfather developed an aortic aneurysm requiring surgery, and as a result of seeing what the doctor was able to do to save his grandfather's life, Jeffrey decided to become a doctor. After medical school, he entered internal medicine an internship followed by a cardiology residency and fellowship. While finishing his fellowship, he met his wife, who was also a physician in an oncology fellowship. They were married for 25 years, and then divorced. They have two sons. He has a very close relationship with his sons, and he and his wife are friendly and often travel together with their children.

Jeffrey had a very successful practice as a cardiologist, but decided to stop practicing clinical cardiology several years ago because he felt as if he was unable to provide the quality of care that he should. In recent years, he learned how to do options trading, and has occupied his time trading in the morning and reading cardiograms for a large hospital a few times a week.

Jeffrey has suffered from depression for much of his adult life, and also drank heavily from college on. He attempted to address his depression in different ways, including therapy and medication, but felt that neither of these was helpful. Three years ago, Jeffrey decided to stop drinking completely, and did so without any type of program for support or guidance. At the same time, he has learned more about cognitive behavior therapy and mindfulness so has developed a self-taught approach that he believes has helped him cope more effectively with his depression.

Jeffrey is an introverted and thoughtful man. He clearly has devoted a great deal of time to thinking about his life, his relationships, his moods, and his behaviors. He does not seem especially happy, but at the time of the interview was suffering from painful sciatica that reduced his ability to exercise as often as he feels he needs to in order to stave off depression. He carries a large burden of regret that seems likely to continue to affect his happiness with life.

## APPENDIX A (continued)

### Lee, age 62

Lee grew up in a small Midwestern town as one of four boys. His family was nominally prosperous, but not happy. His father and his father's father were both alcoholics. His father owned a family business whose existence was threatened by embezzlement by Lee's grandfather and another man. Lee paints a picture of his parents, especially his mother, as highly controlling of their sons' lives, using money as leverage. He viewed his mother as focused on money and status. His parents divorced and remarried when Lee was a young man. Neither parent is alive now. Lee has been married for more than 30 years, and has two grown daughters. His wife also grew up with an alcoholic father.

Lee's first career was law, which he said was an acceptable career to his mother. He was a practicing attorney for many years, and put great thought and energy into building a successful practice. In his forties, Lee began to experience a desire to become a priest. He became an Episcopalian priest under a non-seminary option after his mother died, and worked as a priest while practicing law. In 2006, Lee went to an Episcopal seminary for a year, became fully ordained, gave up his law practice, and is now a full-time priest at a congregation in a Midwestern city.

Lee is a recovering alcoholic. After a number of failed attempts to control his drinking either on his own or through outpatient programs, he became an active member of Alcoholics Anonymous and had his last drink in 2002. For Lee, his experience with AA and his embrace of the priesthood are intertwined. He was also diagnosed in his fifties with adult attention deficit disorder for which he takes medication. Lee clearly has spent many hours in introspection, both in therapy and in preparation for the priesthood.

## APPENDIX A (continued)

### **Craig, age 62**

Craig was the youngest of three children. He came from perhaps the most difficult of economic circumstances of any of these participants. He spoke of his family as poor, with the pivotal event of his childhood being his mother having a disabling stroke at the age of 40. At that point, his and his sisters' childhoods changed from being kids to being adults and gardening to raise food to preserve for winter, cooking, cleaning, and managing the household. His father was a day laborer. Unlike the other participants, even those who were from spare economic backgrounds, he says he was not interested in school, did not do well in school, and had no desire to go to college after high school. Unsurprisingly, he does not have especially happy memories of growing up. As soon as he graduated from high school, he got a job as a janitor, but soon was able to go to work for the company that he stayed with until retirement. He has built air conditioners for his more than 40-year career with the company, and has remained employed through at least three changes of ownership of the company. This work has resulted in physical wear and tear, with the latest being a shoulder injury that required surgery. At the time of his interview, he was on medical leave, but ended up retiring at the end of 2014.

He married at the age of 19, had two children, and divorced. Several years later, he married a woman with two small sons. They now have several grandchildren. Between their two salaries, they live comfortably, and he has a solid retirement benefit plan that will make his retirement comfortable. His wife plans to retire early as well, and he is looking forward to being able to travel together more frequently. Although his father died early of heart disease, Craig's mother survived until her 80s in spite of the early stroke. Craig plans to live to age 100.

## APPENDIX A (continued)

### **Chris, age 61**

Chris is the head of a large family-owned company and an active leader in his community. He grew up in a city in the Midwest in a stable and very traditional family with both parents, a brother, and a sister. He is the middle child. He describes an idyllic childhood, where as a child he roamed the neighborhood freely with large groups of neighborhood children, had a paper route, was watched over by neighborhood parents, spent weekends at a family farm in the country where he listened to baseball games on the radio and went fishing, and rode his bike to school.

Chris married his college girlfriend in his early 20s and in many respects, his family mirrors the one in which he grew up. He runs the same business as his father and grandfather, his wife does not work but has been active in community activities, and they have four grown children and three grandchildren. Two of his children live locally and two live out of town, but he expects that they will also return to their hometown. He attended the same university as his parents, went out of state to attend graduate business school, and returned immediately following graduation to join the family company. He expects his youngest son, who is currently in an MBA program out of state, to return to work in the family company as he did.

Chris seems to have spent little time during his life questioning this path, and the path has resulted in a comfortable and apparently satisfying life for him and his family. He is politically and religiously conservative, as were his parents, and belongs to the same religious denomination as his parents. He is a committed Christian, and since adulthood has been very involved in his church and in governance activities of many Christian-oriented organizations. His faith includes a belief in predestination, and his work and community involvement have evolved from his belief in doing good because he has been chosen to do so. He is friendly and convivial; he and his wife enjoy hosting very large gatherings both at home and at their vacation home. He spends little time alone, although he says he enjoys solitude and that his hobbies provide a way to decompress. In most ways, he has replicated the life of his father, both in professional stature and lifestyle.

## APPENDIX A (continued)

### **Paul, age 61**

Paul has lived in a city in the coastal South for more than 30 years. He works in a printing store but also has been an active musician for his adult life. He has been married for 30 years and has four adult children. Paul is the middle child of five, and he and his siblings are very close. His father, a former naval officer, committed suicide when Paul was five years old. His mother had serious mental illness throughout her life and was periodically institutionalized throughout Paul's life until her death about 10 years ago. For Paul, one of the pivotal aspects of growing up was the strong sense of community in the small city in which his family lived, and the sense that the community wrapped its arms around his family to ensure the siblings' well-being as they grew up. As an adult, he realizes that he and his siblings lived a precarious existence and had very little money. However, as a child he felt that they wanted for nothing. He and his siblings felt great love for their mother, and as adults, ensured that she was well cared for and safe.

Music was a very important part of Paul's life from childhood through adulthood. His entire family was involved in church choir, and he became actively involved in playing in bands beginning in early adolescence. As an adult, he has been actively involved in the music community wherever he lived.

Paul is a very sociable person, and has always enjoyed a good party. He was an early smoker and drinker, and used drugs extensively through early adulthood. His original career aim was to become a doctor, but his social life and substance abuse made it difficult for him to follow that path. He graduated from college with a degree in biology and worked as a laboratory technician for several years. Then, after being dropped by a serious girlfriend, he decided to move to the city in which he now lives to find a new life. He joined a band that one of his sisters formed, and began to work in a printing store, where he met his wife. She grew up in an affluent military family; her father retired as a brigadier general in the Army. Their relationship helped provide structure and rules for his daily life that he has found throughout his life to be very important for a sense of security and well-being. They focused on providing that structure for their children. However, two of their children are currently experiencing serious problems with substance abuse, which has affected his sense of well-being.

## APPENDIX A (continued)

### **Harry, age 58**

Harry is one of three brothers. He grew up on a farm in a very small town in the Midwest. He grew up with a large extended family nearby, with grandparents, aunts, uncles, and cousins with whom he was very close. His father also had a job as a laborer at a manufacturing plant. His grandmother, who is still alive at the age of 102, was a great inspiration to him throughout difficult times in his family. Although his family was not financially affluent—“we weren’t rich folks by any means”—he felt that he was privileged by growing up in a family that took care of its own. Harry has a very strong work ethic, and in high school wanted to join the Marines after graduation. However, he graduated at age 17 and his parents would not sign a release for him to join. They insisted that he start college, and if he decided after his first year that he still wanted to enlist, that would be his own choice. Harry was very close to an uncle who was a pilot in Vietnam, and was told by his uncle that he needed to finish college. Harry became the first person in his family to graduate from college. He chose correctional administration as a major because he saw it as a sure path to a job. He worked for several years with children in need of care, but he and his college roommate decided to start a trucking company. This business has been successful, and Harry plans to retire within the next few years.

Harry met his wife in college, and they married immediately following graduation. She is from a similar background to his, although she grew up in an even smaller town in an even less affluent family. She attended college using student loans, majored in accounting because it was seen as a job guarantee, and has had a very successful career in large companies in the city in which they live. They have similar strong work ethics, were close to their families, and had similar aims in life. Although his wife is more outgoing than he, they share a desire to travel and have new experiences, and have planned carefully for retirement.

Both of Harry’s parents died early from cancer. To a great extent, this experience fuels his desire to have time when he and his wife are both healthy and can enjoy life together without the demands of careers. Although he tries to follow good diet and health practices, there is no question that his parents’ early deaths influence his thinking about his future. He hopes to follow in his grandmother’s longevity footsteps. Overall, Harry is a man who still appreciates the opportunities his family’s hard work provided for him, and who believes that he is entitled to nothing other than what his own hard work brings.

## APPENDIX B

### INFORMED CONSENT AGREEMENT



#### CONSENT FOR PARTICIPATION IN RESEARCH

**Title of project:** What a Drag It Is Getting Old: The Awareness and Appraisal of Age-Related Change in White Men Born 1946-1955

The purpose of this form is to provide you with information that may affect your decision to participate in this research study. Please read the information below and ask any questions you have before deciding to participate. If you decide to be involved in this study, this form will be used to record your consent.

**Purpose of the study:** This study is designed to explore the experience of age-related change of white males born in the first half of the postwar baby boom.

**Why is this important?** 70 million people were born during the postwar baby boom and began to reach traditional retirement age in 2011. It is important from individual, social, and policy standpoints to examine how to maintain the well-being of this very large group into old age.

**Participant selection:** Because of the nature of the research question and the methods used, this is a small study exploring the experience of a narrow group of people. Participants in this study must be white heterosexual men born during the years 1946 through and including 1955. It is expected that the sample will be no more than about 15 people. Because you have been identified as being a part of this population, you have been invited to participate in the study.

**What you will be asked to do:** If you decide to participate in this study, you will be asked to do the following:

1. Participate in an individual interview that will last about 1½ hours. This interview will take place in person or, if this is not possible, using Skype or a similar Internet-based calling service. This interview will include discussion of age-related change related to physical, cognitive, and psychosocial factors. This may include general questions such as “What physical changes have you noticed as you’ve gotten older?” or “What does having a good life as you get older involve?” In addition, you will be asked some demographic questions such as “How old are you?” or “Where were you born?” The interview will be audio recorded. The recordings will be transcribed into written form.
2. Complete four short surveys relating to your beliefs and attitudes about aging. These surveys include questions such as those asking your agreement with statements like “I have a lot in common with other Baby Boomers” or “Having more aches and pains is an accepted part of aging.” In addition, you will be asked to indicate your agreement with statements about your own experience of age, such as “I have as much energy as I did last year” and to indicate what age group you feel you belong to in different situations, such as “My interests are mostly those of a person in his or her...” These may be delivered to you either online or in printed format. It is expected that it would take about 10 minutes to complete these surveys.

## APPENDIX B (continued)

3. You may be asked to review parts of transcripts, analytic categories, interpretations, and/or conclusions related to your interview. If so, you will be contacted by email or telephone within two months after your interview is completed.
4. If necessary, you may be asked to answer clarifying questions regarding the process or content of the interview. If this is necessary, you will be contacted by email or telephone within a month after your interview is completed.

**What discomfort or risks may be involved?** There are no foreseeable risks associated with participating in this study. However, for some participants, discussion about awareness of age-related change may create some discomfort. Of course, you may terminate your participation in the study at any time should you choose to do so.

**What are the possible benefits of this study?** There are no direct benefits to you as a result of participating in this study. However, it is expected that the results of this study will provide important insights into what aging means to white heterosexual baby boom men, provide a basis for comparison with follow-up studies of other carefully defined groups from the baby boom, and suggest new research questions with larger samples.

**Compensation:** You will not receive any type of payment for participating in this study.

**Privacy and confidentiality:** The confidentiality of any information collected and the maintenance of your privacy are very important and will be protected in the following ways:

1. Your interview will be identified by a code number. The code key matching numbers and names will be stored on a dedicated memory device that is maintained in a locked cabinet in the Department of Psychology at Wichita State University.
2. All interviews will be audio recorded. Original recordings of interviews will be copied from the audio recording device to a dedicated memory device that is maintained in a locked cabinet in the Department of Psychology at Wichita State University. These digital files will be kept for three years and then permanently erased. Recordings on the audio recording device will be deleted when transcription is complete.
3. Any personally identifying information in the interview, including but not limited to names, locations, or employers, will be masked by the use of pseudonyms in the transcripts of the interviews.
4. It will be noted in the study that participants are from different areas of the country and are not limited to being located close to Wichita State University.
5. Data resulting from your participation may be viewed by other members of the research team for purposes of data analysis. The data will contain no identifying information that could associate it with you, or with your participation in any study.
6. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with you, or with your participation in any study.

**Refusal/Withdrawal:** Participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your future relations with Wichita State University. You may decide not to participate in this study at all, and if you agree to participate, you are free to withdraw from the study at any time without penalty.

**Contact:** If you have any questions about this research, please contact Rosemary Wright, [rxwright1@wichita.edu](mailto:rxwright1@wichita.edu), (316) 641-5316 or Dr. Alex Chaparro, [alex.chaparro@wichita.edu](mailto:alex.chaparro@wichita.edu), (316) 978-3170. If you have questions regarding your rights as a research subject, or about research-related injury, contact the Office of Research and Technology Transfer at Wichita State University, Wichita, KS 67260-0007, telephone

APPENDIX B (continued)

(316) 978-3285. This study has been reviewed and approved by the Institutional Review Board at Wichita State University.

You are under no obligation to participate in this study. Your signature indicates that you have read the information provided above and have voluntarily decided to participate.

You will be given a paper copy of this consent form to keep.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## APPENDIX C

### SAMPLE INTERVIEW QUESTIONS

Question	Prompt
<p>1. To start, I'd like to get some basic information from you.</p> <ul style="list-style-type: none"> <li>▪Basic demographics</li> <li>▪Family information</li> <li>▪Where do you live?</li> <li>▪What occupies your time on a daily basis?</li> <li>▪Important life course events</li> </ul>	
<p>2. What do you think of when you think about "Baby Boomers"?</p>	<ul style="list-style-type: none"> <li>▪ How does this apply to you?</li> <li>▪ How strongly identified with being part of it?</li> </ul>
<p>3. What does your age mean to you?</p>	
<p>4. Think about someone you know who is older and who you think has had a good life. Describe what that means.</p>	
<p>5. What does having a good life as you get older involve?</p>	<ul style="list-style-type: none"> <li>▪ e.g. health, how you live, who you spend time with, what you are able to do, what you are able to remember</li> </ul>
<p>6. I'm trying to get a sense of what people born during the baby boom notice in the way of change as we get older. Let's talk a little about any changes that you notice in your social life.</p>	<ul style="list-style-type: none"> <li>▪ What you do with others, who you spend time with, how much time you spend with others, level of activity</li> <li>▪ What impact does this have on you?</li> </ul>
<p>7. What about psychological well-being?</p>	<ul style="list-style-type: none"> <li>▪ Happiness, satisfaction with life, level of anxiety or depression</li> <li>▪ What impact does this have on you?</li> </ul>
<p>8. What physical changes have you noticed as you've gotten older?</p>	<ul style="list-style-type: none"> <li>▪ Onset of illness, aches/pains, changes in physical attributes, strength/balance changes, changes in physical abilities, sensory changes (e.g. hearing, vision, sense of smell)</li> <li>▪ Describe impact these changes have on you.</li> </ul>

APPENDIX C (continued)

<p>9. What changes have you noticed in terms of attention or memory?</p>	<ul style="list-style-type: none"> <li>▪ Short-term/long-term memory, changes in sustained attention, changes in following plots of films or books, etc.</li> <li>▪ Describe impact of these changes on your life.</li> </ul>
<p>10. Overall, when you think about getting older and about older people, what do you think about?</p>	<ul style="list-style-type: none"> <li>▪ What does it mean to be 60? 70? 80?</li> <li>▪ What do you expect to be doing at 70? At 80?</li> <li>▪ Where do you think you'll be living?</li> <li>▪ What were your grandparents/parents like as they became older?</li> <li>▪ How long do you expect to live?</li> </ul>
<p>11. Is there anything we've missed?</p>	

## APPENDIX D

### SUBJECTIVE AGE QUESTIONNAIRE

**INSTRUCTIONS:** Most people seem to have other 'ages' besides their official or 'date of birth' age. The questions which follow have been developed to find out about your 'unofficial' age. For each statement, please check which age group you FEEL you really belong to: twenties, thirties, forties, fifties, sixties, seventies, or eighties.

1. I feel as though I am in my...

- 20s
- 30s
- 40s
- 50s
- 60s
- 70s
- 80s

2. I look as though I am in my...

- 20s
- 30s
- 40s
- 50s
- 60s
- 70s
- 80s

3. I do most things as though I am in my...

- 20s
- 30s
- 40s
- 50s
- 60s
- 70s
- 80s

4. My interests are mostly those of a person in his or her...

- 20s
- 30s
- 40s
- 50s
- 60s
- 70s
- 80s

\*Adapted from Barak (1987), Subjective Age Questionnaire

## APPENDIX E

### EXPECTATIONS REGARDING AGING SURVEY

**INSTRUCTIONS:** This survey has 12 questions about what you expect about aging. Please circle the number to the right of the statement that best indicates how you feel about the statement. If you are not sure, just circle the number that you think **BEST** describes your feelings.

	<b>Definitely True</b>	<b>Somewhat True</b>	<b>Somewhat False</b>	<b>Definitely False</b>
1. When people get older, they need to lower their expectations of how healthy they can be.	1	2	3	4
2. The human body is like a car: When it gets old, it gets worn out.	1	2	3	4
3. Having more aches and pains is an accepted part of aging.	1	2	3	4
4. Every year that people age, their energy levels go down a little more.	1	2	3	4
5. I expect that as I get older, I will spend less time with friends and family.	1	2	3	4
6. Being lonely is just something that happens when people get old.	1	2	3	4
7. As people get older, they worry more.	1	2	3	4
8. It's normal to be depressed when you are old.	1	2	3	4
9. I expect that as I get older, I will become more forgetful.	1	2	3	4
10. It's an accepted part of aging to have trouble remembering names.	1	2	3	4
11. Forgetfulness is a natural occurrence just from growing old.	1	2	3	4
12. It is impossible to escape the mental slowness that happens with aging.	1	2	3	4

APPENDIX F

CAMERON SOCIAL IDENTITY SCALE

**INSTRUCTIONS:** This survey is designed to assess your level of identity as a Baby Boomer. For the following ten statements, please rate your level of agreement with the statement by circling a number from 1 (strongly disagree) to 5 (strongly agree). Please circle only one number for each statement.

1. I have a lot in common with other Baby Boomers.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree

2. I feel strong ties to other Baby Boomers.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree

3. I find it difficult to form a bond with other Baby Boomers.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree

4. I don't feel a sense of being connected with other Baby Boomers.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree

APPENDIX F (continued)

5. I often think about the fact that I am a Baby Boomer.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree

6. Overall, being a Baby Boomer has little to do with how I feel about myself.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree

7. In general, being a Baby Boomer is an important part of my self-image.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree

8. The fact that I am a Baby Boomer rarely enters my mind.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree

\*Adapted from Cameron (2004), Cameron Social Identity Scale

## APPENDIX G

### ATTITUDE TOWARD OWN AGING SURVEY

**INSTRUCTIONS:** For each of the seven statements below, please indicate whether or not you agree with the statement by circling the appropriate response.

- |   |               |              |
|---|---------------|--------------|
| 1. Things keep getting worse as I get older.                                  | <b>Yes</b>    | <b>No</b>    |
| 2. I have as much energy as I had last year.                                  | <b>Yes</b>    | <b>No</b>    |
| 3. As you get older, you are less useful.                                     | <b>Yes</b>    | <b>No</b>    |
| 4. As I get older, things are better (or worse) than I thought they would be. | <b>Better</b> | <b>Worse</b> |
| 5. I am as happy now as when I was younger.                                   | <b>Yes</b>    | <b>No</b>    |

\*Adapted from Lawton (1975), Attitude Toward Own Aging Scale

## APPENDIX H

### AWARENESS OF AGE-RELATED CHANGE QUESTIONNAIRE

#### AWARENESS OF AGE-RELATED CHANGE SURVEY

**INSTRUCTIONS:** This questionnaire contains 50 statements about how a person may feel about getting older. We are interested in how you feel about getting older and what you can tell us about your own experiences. We are mostly interested in whether certain experiences apply to you, and what extent you can relate to them given that you may have experienced them yourself as the years have passed.

Please read each statement carefully. If the statement very much reflects your own experience **as you have become older**, then check "very much." If the statement does not reflect your own experience at all, then check "not at all." If a statement reflects your experiences more than "a little bit" but less than "quite a bit" then check "moderately."

There are no right or wrong answers to the statements on this questionnaire. We are simply interested in your own personal experiences and your honest opinion. Please read each statement carefully and then answer as spontaneously as possible.

.....

With my increasing age, I realize that...

	Not at all	A little bit	Moderately	Quite a bit	Very much
1. Others treat me with more respect.	<input type="radio"/>				
2. I need more time for everything I do.	<input type="radio"/>				
3. My mental capacity is declining.	<input type="radio"/>				
4. I am more anxious about the future.	<input type="radio"/>				
5. I pay more attention to my health.	<input type="radio"/>				
6. I appreciate relationships and people much more.	<input type="radio"/>				
7. My ability to move around has gotten worse.	<input type="radio"/>				
8. I have more say in setting my daily routine.	<input type="radio"/>				

APPENDIX H (continued)

	Not at all	A little bit	Moderately	Quite a bit	Very much
9. I'm slower in my thinking.	<input type="radio"/>				
10. I recognize my needs better.	<input type="radio"/>				
11. People sometimes treat me as if I were not there.	<input type="radio"/>				
12. I have more experience and knowledge to evaluate things and people.	<input type="radio"/>				
13. I think more about death and dying.	<input type="radio"/>				
14. I have a better sense of what is important to me.	<input type="radio"/>				
15. I enjoy life more consciously.	<input type="radio"/>				
16. I feel increasingly isolated from the world around me.	<input type="radio"/>				
17. I have a harder time concentrating.	<input type="radio"/>				
18. I am more grateful for the things I have.	<input type="radio"/>				
19. My friendships and relationships have become stronger.	<input type="radio"/>				
20. I have less energy.	<input type="radio"/>				
21. I have more foresight.	<input type="radio"/>				
22. My body needs rest more often.	<input type="radio"/>				
23. I try to be more myself.	<input type="radio"/>				
24. I am sad more often.	<input type="radio"/>				

APPENDIX H (continued)

	Not at all	A little bit	Moderately	Quite a bit	Very much
25. I pay more attention to eating healthy food.	<input type="radio"/>				
26. Learning new things takes more time and effort.	<input type="radio"/>				
27. My physical ability is not what it used to be.	<input type="radio"/>				
28. I don't do as many things anymore.	<input type="radio"/>				
29. I take more time to focus on my physical shape.	<input type="radio"/>				
30. Other people do things for me because they assume I can't do them anymore.	<input type="radio"/>				
31. I have more time for the things I enjoy.	<input type="radio"/>				
32. I feel less financially secure.	<input type="radio"/>				
33. I gather more information before I make decisions.	<input type="radio"/>				
34. Other people are more reserved toward me.	<input type="radio"/>				
35. I pay more attention to regular physical exercise.	<input type="radio"/>				
36. I have more aches and pains in my body.	<input type="radio"/>				
37. I enjoy many things more intensely.	<input type="radio"/>				
38. I am more forgetful.	<input type="radio"/>				
39. I am more open toward other people.	<input type="radio"/>				
40. I have more freedom to live my days the way I want.	<input type="radio"/>				

APPENDIX H (continued)

	Not at all	A little bit	Moderately	Quite a bit	Very much
41. I have grown in terms of my self-confidence.	<input type="radio"/>				
42. I feel more dependent on the help of others.	<input type="radio"/>				
43. I pay more attention to getting enough sleep.	<input type="radio"/>				
44. I have become wiser.	<input type="radio"/>				
45. Others treat me with less patience.	<input type="radio"/>				
46. I have to limit my activities.	<input type="radio"/>				
47. I find it harder to motivate myself.	<input type="radio"/>				
48. I am concerned what will happen once I can no longer do certain things.	<input type="radio"/>				
49. I think things through more carefully.	<input type="radio"/>				
50. My family has become more important to me.	<input type="radio"/>				

**This is the end of this survey. Thank you for participating!**

