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## ABSTRACT

### “WHEN I’M 75”: COLLEGE STUDENTS’ SELF-PERCEPTIONS OF AGING IN AN INTRODUCTORY GERONTOLOGY COURSE

by

Sarah Jane Hahn

This dissertation examines college students’ self-perceptions of aging using written essays from the assignment “When I’m 75” that was assigned at the beginning and end of the semester in an introductory gerontology course. Despite robust literature on people’s attitudes toward aging and older adults, far less is known about attitudes toward one’s own aging, especially among college students. Stereotypes of aging; attitudes toward aging; self-perceptions of aging; and two theories, terror management theory and social identity theory, inform this dissertation. The literature suggests that a clear understanding of one’s own aging processes is crucial to changing attitudes and behaviors toward older adults and eventual personal aging. Interpretive Phenomenological Analysis was used to analyze the students’ perception of their aging experience in their written assignment. In total, there were 24 cases consisting of 213 pages of text; 62 from the beginning of the semester and 151 from the end. Three overarching superordinate themes were identified: challenges of aging, proactive steps to avoid negative consequences of aging, and housing considerations. Findings suggest that after completing an introductory gerontology course, students demonstrated an understanding of some age-related changes yet still had a stereotypical understanding of what it is like to be age 75. This suggests the need to engage students in moving beyond stereotypes and to better link older age with their own future experience.

“WHEN I’M 75”: UNDERSTANDING STUDENT SELF-PERCEPTIONS OF AGING

**A DISSERTATION**

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by

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## TABLE OF CONTENTS

List of Tables.....	v
List of Appendices.....	vi
Dedication.....	vii
Acknowledgments.....	viii
 Chapter One: Introduction.....	 1
Aging in Western Society.....	1
Chapter Two: Background.....	8
Perceptions of Older Adults.....	8
Potential Theoretical Explanations for Perceptions Toward Older Adults..	11
Terror Management Theory.....	12
Social Identity Theory.....	14
Self-Perceptions of Aging.....	15
Self-Perceptions of Aging and Gerontological Pedagogy .....	18
Chapter Three: Methods.....	20
Overview of Interpretive Phenomenological Analysis.....	20
Phenomenology.....	20
Hermeneutics.....	21
Idiography.....	22
Sampling and Data Collection.....	22
Analysis.....	25
Step 1: Reading and Re-Reading.....	26
Step 2: Initial Noting.....	26
Step 3: Developing Emerging Themes.....	27
Step 4: Searching for Connections Across the Themes.....	29
Step 5: Moving on to the Next Case.....	31
Step 6: Looking for Patterns Across the Case.....	32
Chapter Four: Findings.....	34
Superordinate Themes.....	34
The Challenges of Aging.....	36
Deterioration.....	36
Loneliness and Loss.....	37
Age-related Impairments.....	38
Mental Health.....	40
Experiencing Ageism.....	41
Proactive Steps to Avoid Negative Consequences of Aging Avoidance.....	41
Being Productive.....	42
Exercising and Eating Right.....	43
Being Financially Stable.....	44

Being socially connected.....	45
The roles of older adults.....	46
Housing Considerations .....	50
Aging in place.....	50
Age friendly communities.....	51
Disability based moves.....	52
Chapter Five: Discussion.....	54
Contributions of the Findings to Existing Literature.....	54
The Aging Body.....	55
Time and the Future.....	56
Gender and Aging.....	57
Housing Considerations.....	58
Theoretical Explanations.....	59
Social Identity Theory.....	59
Terror Management Theory.....	61
Implications for Gerontological Pedagogy.....	63
Study Limitations .....	67
Suggestions for Future Research.....	68
References.....	71
Appendices.....	88
Appendix A: Course Syllabus.....	88
Appendix B: IRB Consent Form and Questionnaire.....	93
Appendix C: “When I’m 75” Grading Rubric.....	96

## LIST OF TABLES

Table 1. “When I’m 75” - Initial Prompt, Beginning of the semester.....	24
Table 2. “When I’m 75” - Review and Final Paper, End of the semester.....	25
Table 3. Initial Noting.....	27
Table 4. Developing Emerging Themes.....	28
Table 5. Initial List of Themes.....	30
Table 6. Clustering of Themes.....	31
Table 7. Initial Explanation of Themes.....	35

## LIST OF APPENDICES

Appendix A: Course Syllabus.....	88
Appendix B: IRB Consent Form and Questionnaire.....	93
Appendix C: “When I’m 75” Grading Rubric.....	96



## DEDICATION

This dissertation is dedicated to my parents, Mark and Amy Hahn.

This might be my greatest accomplishment, but my greatest joy in life is being your daughter. Thank you for everything.

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## **Chapter One: Introduction**

This dissertation examines the impact of an introductory gerontology course on college students' self-perceptions of aging. Despite ongoing research on attitudes toward older adults, there is a dearth of literature that explores younger people's attitudes about their own aging. As such, the purpose of the first chapter is to situate the study in the guiding literature and discuss its significance. Specifically, this first chapter explores perceptions of aging in Western society, particularly focusing on ageism and stereotypes.

The second chapter provides an overview of college students' perceptions of older adults. These include both positive and negative aspects as well as and how perceptions impact health (i.e., physical, mental, and social) outcomes for both themselves and older adults. Next, two theoretical foundations, terror management theory and social identity theory, are introduced to better understand students' reactions to thinking about later life. Chapter two concludes with what is known about self-perceptions of aging, and how this is situated within gerontological pedagogy. The third chapter presents the methodology for the research, examining students' reflections on what they will be like at age 75. The chapter also presents a rationale for using an Interpretive Phenomenological Analysis (IPA) approach, sample selection justification, and the data analytic strategy.

The fourth chapter, results, describes three superordinate themes and their subordinate themes. The fifth chapter, the discussion, highlights the major findings of this dissertation, specifically addressing how they are informed by common age-based stereotypes, terror management theory, and social identity theory. Additionally, the implications for gerontological pedagogy are presented and discussed. Finally, the chapter ends with an overview of limitations and directions for future research.

### **Aging in Western Society**

Americans are living longer than ever; demographic shifts resulted in the average U.S. life expectancy increasing from 68 years in 1950 to 79 years in 2013. Approximately one in every seven individuals is an older American, and that number is expected to increase from 46 million today to over 98 million by 2060 (Population Reference Bureau, 2015). The perceptions of aging in any society inform individuals' attitudes toward aging and their personal aging experience (McConatha, Schnell, Volkwein, Riley, & Leach, 2003). Attitudes are

multidimensional constructs that serve as judgment about the favorable or unfavorable value of someone or something (O'Hanlon & Coleman, 2004). They are developed by cultural value systems and are reinforced as one grows older (Gilbert & Ricketts, 2008). These attitudes impact individuals' behaviors.

Butler (1969) was the first to coin the term ageism to describe discrimination and oppression toward people of different ages. Ageism constitutes any negative attitudes, beliefs, or behaviors toward any age group, but is most prevalent toward older adults (Cohen, 2001). According to Butler (1975, pg. 12), "Ageism allows the younger generations to see older people as different from themselves; thus, they subtly cease to identify with their elders as human beings." Ageism toward older adults is rooted in western society where old age is defined as decline and disability (Thornton, 2002). As Twigg (2004) notes, "We are judged not on the basis of how old we are but on how young we are not" (pg. 2).

Studies have shown that all age groups demonstrate negative attitudes toward aging. For instance, researchers have found that by preschool, children have not only already been exposed to negative aging stereotypes but also exhibit negative behaviors toward older adults (Gilbert & Ricketts, 2008). College-age students have been a target for much of the research that strives to understand attitudes toward aging. Research has demonstrated that, overall, younger adults have a general "distaste" for older adults and aging (Mosher-Ashley & Ball, 1999); specifically, younger adults see old age as a loss of independence and a period characterized by loneliness, financial stress, and death (Zhou, 2007). Surprisingly, even older adults have negative attitudes toward other older adults (Levy & Banaji, 2002); research has found that in order to maintain a sense of positive self-esteem, older adults must differentiate themselves from other members in their group who portray visible physical attributes of aging (Weiss, Sassenberg, & Freund, 2013).

These attitudes are often reinforced by media and images that equate beauty with youth. Researchers believe that individuals' attitudes toward older adults are learned from social responses that are a result of the culture. Because of this, media portrayals of older adults often leave an impression that can influence one's perceptions (Robinson, Callister, Magoffin, & Moore, 2007). Research on older adults' representation in the media is robust; results indicate that older adults are drastically underrepresented (Lauzen, & Dozier, 2005) and often negatively portrayed, such as being mean, grumpy, and incompetent (Miller, Leyell, & Mazachek, 2004),

and unattractive, asexual, and less likely to have positions of power or be leaders (Lauzen, Dozier, & Reyes, 2007).

Older women are often portrayed more negatively than older men. Bazzini, McIntosh, Smith, Cook, and Harris (1997) examined 100 top grossing films spanning from 1940 through the 1980s and found that older women are perceived as less friendly, intelligent, good, and attractive, and poorer than men. Bazzini and colleagues (1997) believe this to be linked a “cultural ‘what is beautiful is good’ stereotype” (pg. 541). The expectation to retain the beauty of youthfulness is argued to be stronger for women (Hatch, 2005). This is often reinforced through the anti-aging product market (Calasanti, 2005) which create sociocultural pressures, especially for women (Halliwell, & Dittmar, 2003). Gender ultimately affects attitudes on aging; for instance, research has found that when evaluating older men and women, participants overwhelmingly viewed females more negatively than males (Halliwell & Dittmar, 2003, Hawkins, 1996).

Much of these attitudes are influenced and reinforced by age-related stereotypes. Stereotypes are complex and multidimensional beliefs, ranging from positive to negative, about certain individuals or groups. Such beliefs can apply to age, gender, race, sexual orientation, socio-economic status, and others. Even small details, such as hair color (Hatch, 2005) or wearing glasses (Leder, Forster, & Gerger, 2011) can trigger a stereotype (e.g., people with blue hair are anti-social, people who wear glasses are bookworms).

Stereotypes allow individuals to quickly and easily differentiate themselves from others. “Othering” is the process of identifying individuals or groups who are different from oneself or the mainstream (Weis, 1995). By othering, people can easily construct their identities in reference to others. According to Johnson, Bottorff, Browne, Grewal, Hilton, and Clark (2004), “by talking about individuals or groups as other, one magnifies and enforces projections of apparent difference from oneself” (pg. 254). This allows individuals to enforce positions of domination or subordination.

One group in particular, older adults, has consistently been subjected to stereotyping and othering. Age is one of the first characteristics an individual can notice about a person (Fiske, 1998; Panek, Hayslip, & Pruett, 2014). As such, it is easy to make positive or negative inferences (Ellis & Morrison, 2005). Although aging is a natural process, it is viewed more as a social problem that is marked by physical, social, and cognitive decline (Fiske, 1998).

In general, attitudes are impacted by stereotypes. Within Western societies, attitudes about aging are fueled by negative stereotypes, which can lead to ageism. For instance, ageist beliefs have led to widely held stereotypes of older adults as greedy (Street & Cossman, 2006), dependent (Kite, et al., 2005), weak (Cuddy & Fiske, 2002), and unproductive (Cohen, Sandel, Thomas, & Barton, 2004). Old age is defined as decline, disability, and death (Thornton, 2002). Despite not being representative of the entire adult population, the stigma of growing old has helped these stereotypes develop and gain momentum. As such, old age is often devalued and viewed negatively (Thomas & Shute, 2006).

Stereotypes about older adults are paradoxical in nature. As Levy (2017) discusses, stereotypes regarding aging should, theoretically, be improving; this generation of older adults has seen greater longevity, better cognitive functioning, and markedly improved health over time. Additionally, there has been an increase in intergenerational contact with and legislation for older adults. However, recent studies have found that age negative stereotypes have grown stronger (e.g., Chen, Joyce, Harwood, & Xiang, 2017; Mason, Kuntz, & McGill, 2015). This is not to say that there are no positive stereotypes about older adults. Older adults are also seen as warm, friendly, and wise, and old age is occasionally described as a time to be content, happy, and surrounded by family (Laditka, Fishcer, Laditka, & Segal, 2004).

Unfortunately, however, negative stereotypes are much more prevalent and pervasive than are positive stereotypes of aging (Meisner, 2012). When positive and negative stereotypes are analyzed together, the results are overwhelmingly negative. For instance, Fiske and colleagues (2002) had respondents compare social groups (e.g., older adults, disabled people, homeless people) on lists of traits reflecting warmth (e.g., warm, good-natured, well-intentioned, and trustworthy) and competence (e.g., competent, capable, intelligent, efficient, and confident). Consistently, older adults were grouped with disabled people and mentally handicapped individuals and viewed as being warm, but highly incompetent.

Despite robust literature on people's attitudes toward aging and older adults, far less is known about attitudes toward one's own aging, especially among college students. The current literature on self-perceptions of aging is mainly conducted on middle-age or older adults and focuses on stereotype acceptance and health outcomes. Research has suggested that for older adults, having a more positive perception of aging is linked to better health, well-being, and longevity (e.g., Levy, Slade, Kunkel, & Kasl, 2002; Moser, Spagnoli, & Santos-Eggimann,

2011). Shirar and colleagues (2011) noted if individuals believe that decline in their own aging in the future is preventable and/or repairable, they will have “optimal functioning” (pg. 195), whereas if they believe that the future is largely decline, they will show resignation and inactivity.

In a meta-analysis of positive and negative age stereotypes, Meisner (2012) found that priming older adults (age 60+) with either positive or negative stereotypes manipulates an individuals’ behavior and self-perception of aging. Researchers have discovered other variables affected by priming individuals with positive stereotypes, such as increase in physical performance (Levy, et al., 2002), a reduction in cardiovascular stress (Levy, Hausdorff, Hencke, & Wei, 2000), and even an increase in longevity (Ng, Allore, Monin, & Levy, 2016). Negative stereotyping includes an increase in age discrimination, decrease in aging services, and adoption of negative self-perceptions of aging (Levy, 1996; Ory, Hoffman, Hawkins, Sanner, & Mockenhaupt, 2003).

Currently there is a major gap in the literature about attitudes toward older adults and aging and attitudes toward one’s own aging. These concepts, though related, are not the same. There is a great deal of literature that suggests younger adults and college age students hold negative attitudes toward older adults (Allan & Johnson, 2008; Mosher-Ashley & Ball, 1999). However, when questioned about their own future, they have unrealistic, overly positive expectations (Busseri, Choma, & Sadava, 2008; Kornadt, Voss, & Rothermund, 2015; Lachman, Rocke, Rosnick, & Ryff, 2008). In fact, when faced with their own aging in an age progression simulation, younger adults had an increase in aging anxiety and negative stereotypes toward older adults (Rittenour & Cohen, 2016).

Whether age stereotypes impact self-perceptions of aging for younger adults is unclear as well. Kotter-Gruhn and Hess (2012) tested whether age stereotypes influenced self-perceptions of aging in adults age 18 – 92 years. They found that when individuals were given positive age stereotypes, they did not report feeling subjectively younger. In fact, middle-age and older adults in good health felt older when primed with positive age stereotypes. When primed with negative stereotypes, all age groups still felt older, but also expressed a desire to be younger.

To date, there has not been sufficient research that examines self-perceptions of aging among younger adults, and the impact of gerontological knowledge on those self-perceptions. Decades ago, Peterson and Wendt (1990) maintained that making students aware of their own

aging is critical to helping them develop them into competent students and gerontologists. Despite demographic changes that make this statement even more relevant today, there is a dearth of literature that examines students' attitudes toward their personal aging, let alone the impact of coursework in gerontology on those perceptions (Altpeter & Marshall, 2003; Harris & Dollinger, 2001).

Research has suggested that in general, gerontology courses result in improvements in students' knowledge and attitudes toward aging (e.g., Allan & Johnson, 2009; Boswell, 2012). Currently however, there isn't a clear understanding of the impact of gerontology courses on students' perceptions about their own aging. Merz, Stark, Morrow-Howell, and Carpenter (2016) found no significant differences on self-perceptions and personal anxiety toward aging between students in an aging related course and non-aging related course. This is consistent with both Harris and Dollinger's (2001) and Katz' (1990) studies that reported students, regardless of participation in an aging course, have no changes in anxiety and attitudes toward personal aging over the course of a semester.

A clear understanding of aging processes is crucial to changing individuals' attitudes and behaviors about their own aging and toward older adults. Research has demonstrated that when individuals are encouraged to take the viewpoint of out-groups, prejudice and stigma are reduced (Galinsky & Moskowitz, 2000). In addition, students who have a better self-perception of their own aging are able to take control over their lives and correct current behaviors that could affect them as older adults (Diehl, et al., 2014). Finally, Altpeter and Marshall (2003) discussed five reasons why it is important for gerontological educators to address students' self-perceptions of aging. They state:

First, it is crucial for younger cohorts to recognize the impact of their current health behaviors and lifestyles on their future health and wellbeing. Second, increasing longevity affords individuals more choices in extending their educational preparation and delaying when they begin employment--or settle down to marriage and rearing families. Third, given the steadily increasing average lifespan for Americans, the concept of retirement is being supplanted with the planning for multiple full or part-time careers that may require ongoing retooling of new knowledge and skills. Fourth, current policy debates about pensions plans and Social Security, Medicare, and prescription coverage, to name a few, will have significant impact on younger cohorts when they reach their senior



years. Fifth, if younger cohorts avoid thinking about their own aging, their professional capacity to work with, and be sensitive to, the needs of older adults will be greatly diminished (pg. 740 – 741).

Given the importance of students' perceptions of their own aging, the overarching aim of this research was to examine the impact of an introductory gerontology course on college students' self-perceptions of aging using written essays from the beginning and end of the semester in which students documented their perceptions about their own aging at 75. The specific research questions were:

1. What are college students' self-perceptions of their own aging prior to an introductory gerontology course?
2. How do college students' self-perceptions of aging change from the beginning of the semester to the completion of the introductory gerontology course?

## **Chapter Two: Background**

This chapter first provides an overview of perceptions of older adults by the general public, but most specifically, college-aged students. It is imperative to understand these perceptions because they shape individuals' understanding of their own future and aging processes (Bardach, et al., 2010). Next, to understand these perceptions, two theories are introduced: terror management and social identity theory. Both theories posit that ageism and negative perceptions are a product of fear of death, insignificance, and/or divergence from a group identity. The chapter then further explores self-perceptions of aging, including the impact of stereotypes of aging. Finally, the chapter concludes with what we know about perceptions toward personal aging among undergraduate students in aging-related courses.

### **Perceptions of Older Adults**

A substantial body of literature examines perceptions of older adults among individuals of all ages. These perceptions are complex, multidimensional, and are frequently based on stereotypes and myths (Kite, Stockdale, Whitley, & Johnson, 2005). Commonly held stereotypes of older adults are often based on physical and mental health, social involvement, and personality. Ageism has been proposed as “one of the most condoned, institutionalized forms of prejudice in the world” (Nelson, 2002. p. ix). It has been argued that older adults have been stereotyped as forgetful, incompetent, feeble, bitter, and sickly, which ultimately leads to them being treated as such (Golub, Filipowicz, & Langer, 2004). Research has shown that older adults are often spoken to in demeaning or simplified language (Nussbaum, Pitts, Huber, Krieger, & Ohs, 2005), overlooked for employment opportunities (Dennis & Thomas, 2007), and discriminated against in other ways (Angus & Reeve, 2006) because of these stereotypes.

In research on stereotypes and older adults, categories of older adults have been proposed. For instance, Brewer, Dull, and Lui (1981) identified three categories of older adults that are based on stereotypes: the grandmother (an individual who is nurturing and family orientated), the elder statesman (someone distinguished and conservative), and the senior citizen (a person who is isolated, lonely, and inactive). Although the first two categories have some positive attributes, research has suggested that individuals mainly use the third category (i.e., senior citizen) to inform their beliefs about older adults (Hummert, 1990).

Hummert and colleagues (1994) created an extensive list of stereotypes about older adults and found six predominant stereotype trait sets: severely impaired (e.g., incompetent, senile), despondent (e.g., depressed, hopeless), shrew/curmudgeon (e.g., complaining, stubborn), golden ager (e.g., alert, productive), perfect grandparent (e.g., loving, wise), and John Wayne conservative (e.g., religious, patriotic). These categories informed by stereotypes negatively influence society's views on older adults and have created several myths regarding aging processes (Fiske, 1998). They further impact perceptions of older adults with labels such as "hags" or "dirty old men" (Nuessel, 1982). These labels cast older adults as "nonhuman" (Hagestad & Uhlenberg, 2005).

Ory and colleagues (2003) summarized the MacArthur Foundation Study on Successful Aging by Rowe and Kahn. Rowe and Kahn described popular myths of aging, including: to be old is to be sick, older adults can't learn new things, older adults will not change their current lifestyle behaviors to increase quality of life, older adults do not have sex, and older adults do not pull their own weight. These negative stereotypes and myths have harmful consequences for people of all ages, including increased age discrimination, decrease in aging services, and adoption of negative self-perceptions of aging (Levy, 1996; Ory, Hoffman, Hawkins, Sanner, & Mockenhaupt, 2003).

Researchers have relied heavily on college-aged students to build the literature on perceptions of older adults. College-aged students typically hold negative perceptions about older adults (Cohen, Sandel, Thomas, & Barton, 2004; Cottle & Glover, 2007; Woolf, 2006). College students frequently identify "pity" as the emotion they feel toward older adults, which elicits the idea that older adults are helpless (Fiske, Cuddy, Glick, & Xu, 2002). This finding is consistent throughout the gerontological literature (Branscum & Sciaraffa, 2013; Gellis, Sherman, & Lawrance, 2003; Kimuna, Knox, & Zusman, 2005). Allan and Johnson (2009) reported in their sample of undergraduates that younger adults are more likely than any age group to demonstrate ageist beliefs and behaviors. These results are the same for students majoring in an applied or medical field (e.g., social worker, nurse, doctor). Sauer (2006) found that prior to working with older adults, pharmacy students were three times more likely to characterize older adults negatively than positively. Similarly, in a study of undergraduate nursing students, among the reasons for not wanting to work with older adults was they were depressing and/or boring, and the students wanted more rewarding work (Henderson, Xiao,

Siegloff, Kelton, & Paterson, 2008). In Reuben and colleagues' (1995) study, undergraduate pre-med students rated older adults as more "ineffective, dependent, and unacceptable" (pg. 1432) than younger patients, and when presented with a scenario of a 10-year old girl or 85 year old woman who were both ill, the students were less likely to admit the 85 year old to intensive care or work as aggressively on her as the younger patient.

Several studies have documented both negative and positive perceptions of older adults. Hoogland and Hoogland (2016) asked college students to write a list of terms that described both "older adults" and "grandparents." Interestingly, students responded negatively to both terms, but acknowledged mainly positive aspects of grandparents. When describing "older adults," students relied purely on negative stereotypes (e.g., judgmental, depression, lonely, mean) or undesirable physical characteristics (e.g., weak, fragile, mobility assistance). "Grandparents" in general were described in stark contrast (e.g., wise, experienced, loving), but they were still described negatively when it came to physical characteristics and abilities. This included being weak and ill, and a strong focus on wrinkles, sagging skin, and grey hair.

Similarly, Barrett and Pai (2008) had college students sketch pictures of older individuals and then respond to four sets of questions regarding prevalent stereotypes (both positive and negative). Although students did generate more negative attributes, among the reported positive stereotypes were the adjectives "wise," "golden age," and "experienced." This is consistent with work by Cuddy and Fiske (2002), who found that older adults are often seen as "grandmotherly" or "warm."

The documentation of competing negative and positive perceptions of older adults demonstrates the complexity of individual perceptions about aging and older adults. Palmore (1999) analyzed contemporary literature on stereotypes of older adults. He found that the results are twofold; individuals describe older adults negatively (e.g., dependent and incompetent) and positively (e.g., warm) at the same time. Palmore maintains this duality suggests that while negative stereotypes of older adults remain, more exposure to older adults due to demographic shifts in our nation's age structure and the improvement of general health of older adults has increased some positive perceptions. For instance, Cuddy and colleagues (2002) reported that older adults were seen as "doddering but dear" (pg. 3), suggesting that even when they do not demonstrate decline in physical or mental health, they are still often seen as incompetent. North

and Fiske (2013) suggested that seeing an older adult as warm, yet incompetent, leads to a sort of benevolent ageism; the older adult is seen positively, but still as weak and in need of care.

Within the past two decades, researchers have started to explore the impact of knowledge on undergraduate students' perceptions of older adults. Palmore (1999) argued that even minimal gerontological education would positively impact negative attitudes toward aging. In general, an increase in knowledge of aging has been associated with improved attitudes toward older adults (e.g., Chonody, 2015; Kimuna, Knox, & Zusman, 2005; Lin, 2011). Chonody (2015) conducted a meta-analysis of 58 studies regarding attitudes and knowledge of older adults; she found that completing an aging-related course or module improves both attitudes and knowledge. Similarly, Knapp and Stubblefield (2000) found that after completing aging coursework, undergraduate students' attitudes toward older adults increased since the beginning of the semester. A few exceptions have been found, however. Lee, Shin, and Greiner (2015) reported that among nursing students, a gerontology course alone does not improve attitudes toward older adults. Similarly, Cottle and colleagues (2007) found that while students reported an increase of knowledge about aging, attitude changes were not significant.

Even when students expressed changes in attitudes at the completion of a course, it is not clear whether the changed perceptions are maintained. Funderburk and colleagues (2006) found that after 18 months, students who had taken an aging course still exhibited more positive attitudes towards older adults than their non-aging course peers. However, Anguillo and colleagues (1996) reported the opposite; four months after a psychology of aging course, students' negative attitudes regarding older adults were back, suggesting that the course had no effect over time. These studies demonstrate the complexity of perceptions of older adults among the general public, but most importantly, college-aged students. Although people do hold clear stereotypic beliefs that older adults are different than younger adults (Cuddy & Fiske, 2002), moderators of age-related attitudes are still inconsistent (Kite, et al., 2005).

### **Potential Theoretical Explanations for Perceptions Toward Older Adults**

Two contemporary theories that are useful in explaining attitudes toward older adults are terror management theory (TMT) and social identity theory (SIT). TMT and SIT posit that groups of individuals are highly motivated to avoid aging and age-based stereotypes (e.g., appearing frail, being lonely, making few contributions to society). This avoidance results in

ageism and prejudice toward older adults (Chonody & Teater, 2015). These theories have rarely been applied to self-perceptions of aging; within gerontology, literature regarding terror management theory often explores the fear of death (usually in a sample of older adults), whereas social identity theory is used to explain age bias among younger adults. Nonetheless, these theories have the potential to inform our understanding of self-perceptions of aging, and the current research explored how these theories informed the students' written passages about their self-perception of aging.

**Terror Management Theory.** Terror Management Theory (TMT) was developed in 1986 by Jeff Greenberg, Tom Pyszczynski, and Sheldon Solomon. This theory grew out of dissatisfaction with social psychology in the 1980s and psychologists' portrayal of human beings as monotonous "information processors guided by schemas and heuristics, operating in a historical, cultural, motivational, and affective vacuum" (Greenberg & Arndt, 2011, pg. 398). It proposes that all humans are inherently aware of their vulnerabilities and inevitable death, and as such, are in a constant state of anxiety and terror. Because of this, human beings are motivated toward self-preservation through the management of self-esteem and sustaining ones' worldview, which in most cases, is a faith in staying youthful.

Culture and one's worldview is extremely important to TMT. Humans strive to transcend death by adhering to cultural worldviews that help them believe in a symbolic (and sometimes literal) immortality. Culture and worldview provides security from immortality in two ways: 1) individuals are led to believe that in a truly just world, bad things do not happen to good people, and 2) some cultures promise immortality to individuals who live up to a certain standard of value (Rosenblatt, Greenberg, Solomon, Pyszczynski, & Lyon, 1989). By embracing cultural values, such as being moral, individuals can deny the transient nature of their own existence (Greenberg, Pyszczynski, & Solomon, 1986).

TMT also asks why individuals need to feel good about themselves and why they struggle to interact with those who are different from themselves. To do this and maintain ones' worldview, stereotypes about other group members are internalized into aspects of our lives. This makes other groups seem more predictable, and at times, less human, which helps an individual "believe they are significant enduring beings in a world of meaning rather than mere animals fated only to obliteration upon death" (Greenberg & Kosloff, 2008, pg. 1882). In the

current research, TMT was used to inform why the students analyzed themselves a certain way when they would no longer be “young.”

Since its inception, TMT has generated empirical research on topics such as mortality (Burke, Martens, & Faucher, 2010), health (Goldenberg & Arndt, 2008), terrorism (Das, Bushman, Bezemer, Kerkhof, & Vermeulen, 2009), religion (Jonas & Fischer, 2006), risky behavior (Hirschberger, Florian, Mikulincer, Goldenberg, & Pyszczynski, 2002), creativity (Routledge & Arndt, 2009), and attraction (Landau, Goldenberg, Greenberg, Gillath, Solomon, Cox, Martens, & Pyszczynski, 2006). TMT has frequently informed gerontological literature as well because aging enhances the realization that death is inevitable, and the body is fallible (Martens, Goldenberg, & Greenberg, 2005). TMT has been used to explore topics in gerontology such as successful aging (McCoy, Pyszczynski, Solomon, & Greenberg, 2000), fear of death in older adults (Cicirelli, 2002), and ageism among young people (Martens, et. al, 2005).

Martens and colleagues (2005) outline three factors of TMT that create specific prejudice against older adults: the threat of death, the threat of animality, and the threat of insignificance. In contemporary western culture, there is a proclivity to deny and ignore death (Neimeyer, 2015). For younger adults especially, there is an understanding of the inevitability of death, but the belief that it will not happen for a long time (Gesser, Wong, & Refer, 1988). TMT posits that seeing older adults is a threatening reminder of younger adults’ eventual death, even if they live a relatively accident-free life. As such, old age is synonymous with death and dying.

Furthermore, Marten and colleagues suggested that aging also signifies deterioration, specifically of the physical body. They state that not only do older adults “have more life-threatening physical problems, but they also tend to have less control over bodily functions that are usually, and are certainly expected to be, kept discreet” (pg. 227). This deterioration leads to disgust, ageist behavior, and fear. The fear of animality is evident among undergraduate students; for instance, Rittenour and Cohen (2016) had students participate in an age progression simulation that transformed their current headshot into what they would look like as an older adult. Compared to those who did not participate in the simulation, students had an increase in anxiety and fear of aging and heightened negative stereotypes toward older adults and their future selves (e.g., older adults are incompetent, deserve pity).

Finally, TMT suggests that ageism stems from the threat of being insignificant, which is, in essence, the inability to acquire and/or maintain self-esteem or self-worth in old age. Marten

and colleagues (2005) state that people hold negative stereotypes of older adults that are connected to our self-esteem (e.g., having physical beauty, being competent, having strength). Older adults trigger the fear that one day we will lose these characteristics, making one question their sense of self-worth.

**Social Identity Theory.** Individuals tend to define and categorize themselves into social groups that are based on common category memberships, such as race, gender, and/or age (Tajfel, 2010). These social identities determine how individuals perceive themselves and their function in society (Tajfel & Turner, 1979). To understand this grouping process in terms of the collective, not of the self, Tajfel and colleagues (Tajfel, 1974; Tajfel & Turner, 1979) proposed Social Identity Theory (SIT). SIT is a psychological analysis of group membership and the process by which someone identifies with a group. It proposes that people define their sense of self and identity through an inclusive group membership (Tajfel & Turner, 1979; Turner & Onorato, 1999).

To account for identity development, SIT posits two underlying processes, categorization and self-enhancement (Hogg, 1996). Categorization clarifies boundaries of the group by producing in-group stereotypes, behaviors, and beliefs. Self-enhancement guides the process of categorization to produce an ingroup identity that is relatively positive in relation to others. Group members will pursue different strategies to protect and enhance their positive social identity; as Turner (1975, p.10) notes, this is a “process of competition for positive identity.” When individuals evaluate other groups (out-groups) against their own (in-group), they grow a greater sense of personal identity. This helps one understand her/himself in the context of a group but also creates an “us” versus “them” mentality (Haslam, Jetten, Postmes, & Haslam, 2009; Tajfel & Turner, 1979).

SIT has explored several facets of group relationships within and beyond the gerontological literature. It has informed research on race (Hughes, Kiecolt, Keith, & Demo, 2015), gender (Schmader & Block, 2015), intergenerational relationships (Harwood, Hewstone, Paolini, & Voci, 2005), work and retirement (Desmette & Gaillard, 2008), health and well-being (Haslam, et al., 2009), and age (Garstka, Schmitt, Branscombe, & Hummert, 2004). The fear and anxiety of growing old can be explained by SIT; people are motivated to maintain both physical and psychological distance from living, breathing reminders of mortality (Burnstein, Crandall, & Kitayama, 1994; Greenberg, Schimel, & Mertens, 2002). They are also motivated to maintain



psychological distance so as to maintain group-based esteem (Hagestad & Uhlenberg, 2005; Kite & Wagner, 2002); this includes older people themselves, who may dissociate from being old even when outsiders might perceive them that way (Weiss & Freund, 2012; Weiss & Lang, 2012).

An analysis conducted by Chonody and Teater (2015) suggested that “when applied to aging, group membership is split between the ‘young’ group (in-group) and the ‘old’ group (out-group). Members of the “young” group may hold negative stereotypes and/or attitudes of the ‘old’ group, which promotes a more favorable perception of the ‘young’ group” (pg. 114). This split creates negative out-group evaluations in the form of stereotypes and stigma, especially in a society that admires the young. This feeling of superiority gives way to ageist thoughts and behavior (Chonody & Teater, 2015), which in turn can affect younger adults’ attitude toward their own aging.

### **Self-Perceptions of Aging**

The term “self-perceptions of aging” has been used to refer to how adults experience and perceive their own aging processes (Kotter-Grühn & Hess, 2012). Self-perceptions of aging are a multidimensional construct that encompass both positive and negative experiences (Diehl, Wahl, Barrett, Brothers, Miche, Montepare, Westerhof, & Wurm, 2014). For instance, a study conducted by Keller, Leventhal, and Larson (1989) found that older adults aged 50 to 80 years identified five major dimensions of the aging experience. The five dimensions of aging were: (1) aging is a natural and gradual process, (2) aging is a period of life evaluation, (3) aging is a period of increased autonomy, including new interests and fewer demands, (4) aging is a period of issues with physical health or concerns about health, and (5) aging is a period of losses, including personal and job-related (Keller et al., 1989).

A major gap in this literature concerns the age of the individuals asked to report on their self-perceptions of aging. Cross sectional studies of self-perceptions of aging for older adults have found relationships between positive and negative self-perceptions and health outcomes such as life-satisfaction (Wurm, Warner, Ziegelmann, Wolff, & Schüz, 2013), quality of life (Wolff, Schüz, Ziegelmann, Warner, & Wurm, 2017), and mental health (Han, 2017; Wurm, Warner, Ziegelmann, Wolff, & Schüz, 2013). It is not clear from these studies whether having positive or negative self-perceptions influenced the health outcome, or the health outcome

influenced the self-perception, however. Wurm, Tesch-Romer, and Tomasik (2007) explored the issues with causality and self-perceptions of aging. They found that while self-perceptions of aging are dependent on an individual's health status, these perceptions have a stronger impact on health than vice versa. This suggests that positive and negative expectations can result in a self-fulfilling prophecy (Wurm, Warner, Ziegelman, Wolff, & Schüz, 2013).

Longitudinal studies tend to focus on those aged 50 – 80 years and deal primarily with health outcomes (e.g., Levy, et al., 2002; Wurm et al., 2007). A meta-analysis conducted by Westerhof and colleagues (Westerhof, Miche, Brothers, Barrett, Diehl, Montepare, & Wurm, 2014) found that for research published between 1982 and 2013, the average age of participants was 63 years, with a range of 57– 85 years. As such, the relationship between self-perceptions of aging for those 50+ and health-related outcomes has been well documented. Longitudinal research has demonstrated that positive self-perceptions of aging predict better functional health over time (Levy, Slade, & Kasl, 2002) and better survival (Levy, Slade, Kunkel, & Kasl, 2002).

To date, existing studies on self-perceptions of aging in the context of health and health behavior for younger adults is sparse. The available studies demonstrate that at a behavioral level, self-perceptions of aging can be related to the adoption of health-promoting behaviors such as healthy eating behaviors (Klusmann, Sproesser, Wolff, & Renner, 2017) and physical exercise (Renner, Hankonen, Ghisletta, & Absetz, 2012). For instance, in their 12 month-study of eating behaviors, Klusmann and colleagues (2017) found that younger adults (age 18+) who had a more positive self-perception of their aging, had healthier eating patterns than those who did not. Interpretation of this data suggest that the effects of self-perceptions of aging are meaningful to younger adults, although the results are more pronounced in older adults. This makes sense considering that images of aging are formed early in life (Gilbert & Ricketts, 2008).

Preparation for age-related changes is relevant across the entire lifespan (Diehl, et al., 2014). If early life experiences impact future life experiences (Featherstone & Hepworth, 1989), and early life experiences contribute to people's self-images, then self-perceptions of age developed at a young age could be a better predictor of psychological well-being and physical functioning than chronological age (Montepare & Lachman, 1989). What we know about younger adults is that they often do not focus on becoming an older adult, but rather on their careers, social life, and personal characteristics into middle age (Dark-Freudeman, West, & Viverito, 2006), which is consistent with social identity theory. By categorizing yourself into a

“younger” group by focusing on “younger” activities (e.g., thinking about a career), you separate yourself from older adults. According to Hooker (1992) “college students are at a point in their lives when future possibilities are wide open, and much of their current activity is in service of some future goal” (pg. P91), so their lack of foresight on their own aging makes sense.

A major limitation of existing research on college aged students’ self-perception of aging is the reliance on assessing only the negative feelings toward aging (e.g., fear or anxiety). This unfortunately yields an incomplete picture of the aging process. For example, the commonly used Anxiety about Aging Scale (AAS; Lasher & Faulkender, 1993) provides data on negative aspects of getting older, such as fear, concern and ill-being. Participants are not given the opportunity to report on the positive aspects of aging, or any aspects beyond “I fear it will be hard for me to find contentment in old age” (Lasher & Faulkender, 1993).

To incorporate development over the life span, an increasing body of literature has begun to examine how attitudes toward aging, specifically reliance on stereotyping and prejudice, affect an individual’s perception of their own aging experience (Bryant, Bei, Gilson, Komiti, Jackson, & Judd, 2016). We know that over time, younger adults may be harmed by the negative age stereotypes they carry into old age (Levy, 2009). For instance, Levy, Zonderman, Slade, and Ferrucci (2009) found that negative age stereotypes held earlier in life could predict health issues among older adults’ cardiovascular health. In a sample of 440 participants aged 18 to 49, younger individuals who held more negative age stereotypes at baseline were significantly more likely to experience a cardiovascular event up to 38 years later, after adjusting for relevant covariates such as a history of heart disease. Additionally, Kornadt, Voss, and Rothermund (2015) found that among individuals aged 30 and older, stereotypes held about aging (e.g., “old people have few friends and acquaintances”) were still believed over time. This impacted the individuals’ future self-views in a negative way.

Internalizing stereotypes can affect our health, self-concept, and how we prepare for our future aging (e.g., Kornadt & Rothermund, 2012; Levy et al., 2009). As such, it is important to understand how stereotypes impact self-perceptions of aging at an early age. Remedios and colleagues (2010) found that when college students were asked to envision themselves at 70, their self-narrative heavily relied on positive stereotypes, such as being adventurous, affluent, determined, and family-oriented. When they asked a different group of students to provide a narrative that explores the negative aspects of aging, the students overwhelmingly relied on

negative stereotypes, but still responded with some degree of optimism. This suggests the students acknowledge their fears of aging but believe that their life will still be characterized by positive events.

This is consistent with Mosher-Ashley and Ball (1999), who addressed attitudes toward personal aging in college age students using a modified survey developed by Shoemaker and Rowland (1993). This survey required respondents to indicate from a list of stereotypical adjectives that could apply to older adults (e.g., healthy, sociable, sickly, poor vision, hard of hearing, dirty, clean) those that would describe them at 75. Mosher-Ashley and Ball found that younger students (age 18 – 22) were more concerned about becoming old than nontraditional students (age 23+). Specifically, younger students were afraid of becoming ill, having less independence, and a general lack of productivity. However, all students perceived their own aging in a more positive than negative light; the top four descriptive responses included being pleasant (75.6%), sociable (74.8%), independent (74.8%), and knowledgeable (72.3%). This is compared to having poor vision (35.3%), being hard of hearing (25.2%), and dependent (16%). No students expected to be ignorant or dirty.

Both studies found that students do have the ability to think about themselves as an older adult. However, they engaged in selective self-stereotyping when contemplating their future group membership. They relied particularly on positive stereotypes and events and avoided the negative. This is surprising considering younger adults tend to associate negative, not positive, stereotypes with old age (Hummert, 1990). This suggests that younger adults do not fully understand all that comes with the aging experience, outside of known positive and negative stereotypes.

### **Self-Perceptions of Aging and Gerontological Pedagogy**

Exploring self-perceptions of aging among students who are receiving or have received formal training in gerontology is just as limited as research on younger adults (Harris & Dollinger, 2001). The lack of research is surprising for a number of reasons, including: (1) the growth in gerontological educator's commitment to the next generation of students who are interested in aging processes and working with older adults (Van Dussen & Weaver, 2009), (2) research has demonstrated relationships between attitudes toward aging and physical, mental, and social well-being in later life (Levy, Slade, Kunkel, & Kasl, 2002; Montepare & Lachman,

1989; Voss, Korndat, & Rothermund, 2017) and (3) understanding aging processes helps educate and prepare younger adults for physiological and policy-related (e.g., health-care, retirement) changes (Altpeter & Marshall, 2003; Kornadt, 2016).

Several researchers have attempted to look at students' perceptions of their own aging using more creative assignments, such as life expectancy calculators or future-self worksheets. Altpeter and colleagues (2003) found that, not surprisingly, students aren't thinking much about their aging experience. When they do, they emphasize good health, independence, and a sense of spiritual well-being. Additionally, students believe that health concerns can be prevented by healthy behaviors, and that their life expectancy would not impact their career or retirement goals.

Multiple researchers have used the Future Self Worksheet (Remnet, 1989) or a modified version to explore student responses. The Future Self Worksheet was first created by Remnet (1989) to help students engage in thoughts about the future; it consists of four squares in which participants describe, visualize, and draw themselves at age 65. The four squares represent the physical, environmental, relationships, and social activities of old age. It represents a potentially promising exercise, but unfortunately, most efforts to examine student self-perceptions using this tool have methodological limitations. Masters and Holley (2006; 2009) modified this tool and found that the exercise stimulated students to consider both the positive and negative aspects of their own aging. However, a rigorous qualitative analysis of the students' responses was not completed for this exercise or any subsequent papers using the Future Self-Exercise. Informally, it would appear that students, from pre- to post-test, developed a better understanding and appreciation for their personal aging.

Consistent with the Future Self Worksheet, Tiemann and Stone (1992) developed a Projective Aging assignment for which students are encouraged to visualize themselves as older adults through a set of prompts delivered by the instructor. Unfortunately, similar to Masters and Holley (2006; 2009), no qualitative analysis of student responses was presented; excerpts from student papers provided by the authors suggest that the assignment can help curb fears of aging and increase empathy toward older adults. These studies demonstrate a need for a more systematic approach to analysis when it comes to research on students' self-perceptions of aging.

### Chapter 3: Methods

This dissertation addresses the gaps in research on collage students' views about their aging process using a written assignment, "When I'm 75." This chapter begins with an overview of Interpretive Phenomenological Analysis (IPA), including the three key philosophical concepts (i.e., phenomenology, hermeneutics, and idiography). It is followed by a detailed description of the sample and the prompts used for this study. Finally, the analytic plan is explained through Smith, Flowers, and Larkins' (2009) six step analysis process of IPA. This includes detailed description of the reading and re-reading process, noting, and development of themes between and across cases.

#### Overview of Interpretive Phenomenological Analysis

Sampling, data collection, and analysis were driven by Interpretive Phenomenological Analysis (IPA). Introduced by Jonathan Smith (1996), IPA explores how individuals make sense of their personal and social world. IPA emphasizes the personal perceptions of an experience, not an objective statement (Smith & Osborn, 2008). Three key philosophical concepts inform this approach: phenomenology, hermeneutics, and idiography.

**Phenomenology.** The first assumption of IPA is phenomenology; phenomenology refers to the philosophical and methodological approach of the human experience (Van Manen, 2015). Founded by German philosopher Edmund Husserl, phenomenology operates under two major assumptions: perceptions present us a complete picture of the world, not as it is thought but how it is lived (the lived experience) and human existence is interesting and meaningful because humans are always conscious of something. Human behavior occurs and exists from *being* in the world (Dowling, 2007).

Husserl was interested in how someone understands her/his experience and identifying the essential qualities of that experience. In order to explore the experience, the researcher and individual need to transcend the circumstances of their experience; Husserl argued that individuals take for granted lived experiences in the world and that every *thing* should be focused on in its own right (Smith et al., 2009). Thus, in IPA, the researcher attempts to *stand in the shoes* of the participant. In this project specifically, the end goal was to make meaning about the students' self-perceptions of their aging experience comprehensible by decoding it through IPA.

In order to fully understand the individual in the lived world and her/his experience, the phenomenological approach requires researchers to disengage from and reflect on the familiar. To identify the structures and context of the human experience, Husserl suggests bracketing one's perception of the world (Smith et al., 2009). Bracketing refers to the act of suspending what is known about a phenomenon so preconceived notions and assumptions do not interfere with the experience. As Psathas (1973) wrote:

A method that provides assistance in this is “bracketing” the assumptions of everyday life. This does not involve denying the existence of the world or even doubting it (it is not the same as Cartesian doubt). Bracketing changes my attitude toward the world, allowing me to see with clearer vision. I set aside preconceptions and presuppositions, what I already “know” about the social world, in order to discover it with clarity of vision (pg. 8).

This method is achieved through a set of reductions, which distracts the investigator from her/his own assumptions and perceptions and captures all possibilities of the experience (i.e., the essence). Bracketing and reduction have greatly influenced phenomenology and IPA (Smith et al., 2009).

**Hermeneutics.** The second theoretical influence of IPA is hermeneutics. Hermeneutics is the “theory of interpretation” (Smith, 2004; Smith et al., 2009). Originally developed for the interpretation of texts, most notably the Bible, hermeneutics aims to interpret and understand not only the text, but the writer and the context in which it is being analyzed. In order to understand the object of attention, we have to understand it as itself; according to Larkin and colleagues (2006), “the phenomenologist aims to reveal any subject-matter on its own terms (i.e., not according to the imposition of any preconceived set of assumptions and expectations)” (pg. 108).

Theorists who use this method are concerned with the how and why someone interprets, whether it is possible to ever uncover the real intentions of the author, and the relationship between the historical context and the interpretative context of the text (Smith et al., 2009). Interpretation requires intuition, and the understanding that the text is not only shaped by the conventions and expectations of the writer, but the individual analyzing it. The process of understanding the text is described through the analytic strategy of the hermeneutic circle (Smith et al., 2009). The hermeneutic circle implies that one cannot understand the whole sentence (or

phenomenon) without understanding its parts but can't understand its parts without looking to the whole (Schmidt, 2016). As Smith and colleagues state:

IPA requires a combination of phenomenological and hermeneutic insights. It is phenomenological in attempting to get as close as possible to the personal experience of the participant but recognizes that this inevitably becomes an interpretative endeavor for both participant and researcher. Without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen (pg. 37).

**Idiography.** Finally, the third assumption underlying IPA is idiography. Idiography is the study or discovery of the particular; unlike a nomothetic approach (which focuses on generalization), this method focuses on the importance of a single case (Smith et al., 2009). IPA's commitment to the particular occurs on two levels: 1) a dedication to detail and depth of the analysis and 2) the phenomenon must be understood from the perspective of the individual, not the context of society. For instance, it can be agreed upon that ageism is bad. However, as researchers, we cannot assume that the person we are researching understands this concept. This ensures that the research is thorough, systematic, and does not eschew generalizations. The argument for idiography is that unlike the nomothetic approach, idiography provides a more complete understanding of the individual and the phenomenon experienced (Smith et al., 2009).

IPA was chosen for this study because the methodological process is committed to exploring meaning and sense making in a particular context, between people who have a common shared experience. It is consistent with the "epistemological position" (Smith, et al., 2009, pg. 46) of the research question, and best helped the author focus on the participants' understanding of their personal aging.

### **Sampling and Data Collection**

IPA calls for a small, homogenous sample to best represent the detailed perceptions of the group (Smith & Osborn, 2008). Smith and colleagues (2009) suggest that there is no single answer to how many individuals should be in the sample; rather, the researcher needs to be aware of her/his own level of commitment and the richness of the data. Research using IPA has been published with as small as one case study (Eatough & Smith, 2010) to at least 35 participants (Murray, 2004). Homogeneity of the sample is, however, important; Smith and colleagues (2009) state that the research must be thought of in "terms of theoretical



transferability rather than empirical generalizability” (pg. 51), meaning the readers of the research should be able to make connections between elements of a study and their own experience, instead of the findings being an extension of the larger population. Providing a detailed account of individual experiences that can be transferred to similar contexts is more important than sweeping generalizations of the data.

Participants for this research were recruited from an introduction to gerontology course (GTY154) taught by a faculty member of the Sociology and Gerontology Department at Miami University during spring 2016 (see Appendix A for course syllabus). During the first week of the semester, students in this course had to write an essay (“When I’m 75”) in which they documented their perceptions about their own aging. The students were provided with a brief prompt on how to address this assignment, which is presented in Table 1. Students received credit for completing this assignment but were not graded and were encouraged to write freely. At the end of the semester, students reviewed and critiqued their initial essay and rewrote it based on what they had learned in the course. Because this assignment was graded and was a component of their final exam, students were given a more detailed prompt (Table 2). The grading rubric can be found in Appendix C. Students were allowed to, but did not have to, address all topics provided in the prompt. The final assignment was worth a total of 100 points, and, along with two other major assignments, constituted 40% of the students’ total grade.

During the semester, the researcher obtained IRB approval to visit the class to recruit students who were willing to allow both of their essays to be included in this research. The IRB protocol specified that the data would not be made available until after course grades were submitted to ensure that students’ participation in this process did not affect their grade. The instructor of the course was never made aware of who participated in this study. The researcher did not know who participated until after final course grades had been submitted.

During the classroom visit the researcher shared the purpose of the research and reviewed the elements of informed consent. Of the 25 students who were in attendance, 24 signed the consent form (Appendix B) allowing the researcher to use their beginning and end of the semester papers as part of her dissertation research. Of the 24 students who consented to participate in the research, 19 were female. The age of the students ranged from 18 to 21, with an average of 19.3. Students represented diverse majors, ranging from business (e.g., marketing, accounting), communication (e.g., interactive media studies, speech pathology), to health and

social services (e.g., nutrition, public health). The sample was primarily first year students (56.5%), with some sophomore (26.1%) and juniors (17.4%), and no seniors or super seniors. The student attendance was low at the beginning of the class when participation was obtained (i.e., 24:46 or 50% of the class); in addition to normal absences, the student athletes in the class were participating in a sporting event. The researcher had the opportunity to retroactively request participation from the remainder of the students, which would have resulted in 46 students. However, it was decided that a sample of 24 was sufficient for the research.

As part of the class visit, consenting participants completed a brief sociodemographic questionnaire (Appendix B). Students were also asked about the amount of time they had spent with older adults. Overall, the students in this sample had spent a good deal of time with older adults in their personal or family life; the entire sample had at least some (78.3%) or a lot (21.7%) of experience with older adults. Professionally, over 55% had spent little to no time with older adults, and within a school or volunteer setting, 78% of them had little to no contact.

Table 1

*“When I’m 75” - Initial Prompt, Beginning of the semester*

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One way to think about aging is to imagine yourself as an older person. Before we begin delving into the course material, I want you to write a paper describing what you think you will be like when you are 75 years old. Your paper should be 2-3 double spaced, typed pages.

Consider the following domains as you imagine what your life might be like when you are 75 years old: physical, social, financial, emotional/mental, spiritual, legacy; see Chapter 1 for a description of each domain. You might also consider issues such as where you will live; what a typical day "looks like"/how you spend your time; and your biggest challenges, years, opportunities and joys.

Obviously you cannot comprehensively address each of these issues, but you should respond in sufficient detail that the reader has a sense of what you think you will be like as an older adult.

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Table 2

*“When I’m 75” - Review and Final Paper, End of the semester*

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Part 1

Review your ““When I’m 75”” paper that you wrote during the first week of the semester. Based on your review, write an introduction to your paper in which you: 1) discuss how informed about aging the author of this paper was (1 paragraph), 2) the major strengths and weaknesses of the paper, and 3) how your re-written paper (see the guidelines below) is different from your original paper.

Part 2

Re-write your original paper, using the following prompts; you do not need to answer them in order:

1. How will the society in which you live shape your aging experience?
2. How will your health/functional abilities and mental/emotional well-being affect your day-to-day life?
3. How will your past roles, changes and transitions shape your later life?
4. How will your personal finances impact your day-to-day life?
5. How will you contribute to your family and informal network members and how will they contribute to your life?
6. What challenges and opportunities will you face as an older adult in an aging society, and to what extent will you be affected by ageism in later life?
7. What legacy will you want to leave?
8. Include in your paper what one piece of advice you think that your 75-year-old-self would give to you at your current age.

Conclude your paper with a paragraph that summarizes your re-written paper.

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**Analysis**

The purpose of IPA is to learn about the individual’s lifeworld. In order to do so, it is imperative to understand the meaning of the content, not just measure the frequency with which themes appear (Smith, 2004). To engage with the students’ responses, the analytic plan proposed by Smith (1996) and later refined by Smith and colleagues (2009) was followed; their six-step approach includes: 1) reading and re-reading, 2) initial noting, 3) developing emerging themes, 4) searching for connection across themes, 5) moving to the next case, and 6) looking for patterns across the cases. This ensures that analysis is interactive and inductive. Each of the six steps is described below.

For the purpose of this dissertation, each participant's two essays constitute one case; there were 24 cases in total. Conceptually, IPA embraces an idiographic, or individual, approach; the first step in analysis requires the researcher to explore each case separately. This allows the researcher to witness the commonality and nuances within each individual case, specifically "emphasizing both convergence and divergence" among each individual (Smith, Flowers, and Larkin, 2009, pg. 79). Then, these differences were applied across multiple cases to ultimately develop a full narrative.

**Step 1: Reading and re-reading.** The first step of IPA is to completely immerse one's self in the data by reading and re-reading the written texts (in this case, the beginning and end of the semester essays). Reading and re-reading puts the focus on the individual. For this analysis, each case (i.e., the two essays) was read and re-read individually two times before initial noting. By doing so, it acquainted me with the student's experience, tone, and writing style.

**Step 2: Initial noting.** Step two is an exploratory level; after becoming familiar with the data, I systematically examined the content and language of the written text. Smith and colleagues (2009) note there are "no rules about what is commented on and no requirements" (pg. 83) but suggested breaking down initial noting into three discreet processes: descriptive comments, linguistic comments, and conceptual comments. These comments will not necessarily reflect the final product, but rather, serve as a roadmap for the analysis.

Descriptive comments are the participant's basic understanding and are often "highlighted by descriptions, assumptions, sound bites, acronyms, idiosyncratic figures of speech, and emotional responses" (Smith et al., 2009, pg. 84). Smith and colleagues suggest that this initial form of noting is about taking things at face value and often about highlighting the individual's thoughts and experiences. Linguistic comments focus on the participant's specific use of language. It explores the overall language, including the tone, whether the participant was articulate or hesitant, use of metaphors, or repetition of certain words or phrases. Finally, conceptual comments require the researcher to become more interpretive, developing questions and comments about meaning. Smith et al. (2009) state that "conceptual annotation is often not about finding answers or pinning down understandings; it is about the opening up of a range of provisional meanings" (pg. 89).

Overall, the aim was to create a comprehensive set of notes, comments, and questions throughout the texts. Critical eyes and attention were needed to avoid a superficial analysis; the

researcher was challenged to be aware of and comment on “similarities and differences, echoes, amplifications, and contradictions on what the person is saying” (Smith & Osborn, 2008, pg. 67). Specifically, this means the use of language the person uses and/or the sense of person that is coming across in the writing.

For step two, I made observations throughout the text. Any thoughts, questions, or comments were written down in the margins throughout the text in case they were potentially significant. I focused particularly on content (what is being described in the text), language use (features such as metaphors, symbols, repetitions, pauses), context, and initial interpretative comments. I highlighted distinctive words and phrases used by the students and looked for potential similarities and differences between the data. I incorporated my knowledge of the theories used above but did not let them purely guide my analysis so as to not taint my understanding of the students’ worldview. An example is provided in Table 3.

Table 3  
*Initial Noting*

Case 1 example quote	Comments
“I hope that I am active and happy. I hope that I am still full of life. What I really hope is that I will be able to move on my own and do a lot of things I can do now. I probably won’t be climbing trees or skydiving, but I am terrified that my body will disintegrate and I will have to be pushed around in a wheelchair all feeble and quiet. I know 75 isn’t even that old, but it’s not really that young either, is it?”	<p>Descriptive: Wanting to be active, wanting to be independent, real fears of getting older and losing autonomy</p> <p>Linguistic: Several uses of the word “hope”</p> <p>Conceptual: Threat of insignificance suggests terror management theory; positive wording = hope, negative wording = terrified</p>

**Step 3: Developing emerging themes.** By step three, the data had grown tremendously; by now, it was a mixture of the students’ work and mine. Each read through of the data created new insights. Smith and Osborn (2008) suggest that there are “no rules about what is commented upon, and there is no requirement, for example, to divide the text into meaning units and assign a comment for each unit” (pg. 67). The text is the student’s work and the researchers’ comments, insights, questions, and preliminary interpretations. This will all transform into emerging themes.

At this point, the researcher begins to work with the hermeneutic circle, one of the philosophical elements of IPA. Analysis of initial notes, including descriptive, linguistic, and conceptual comments requires the researcher to create a sort of “analytic shift” (Smith, et al., 2009, pg. 91). Analysis goes from looking at the original manuscript, to the notes themselves, which are discrete chunks of the transcript. It will appear that the text has been clumped into pieces and parts, therefore breaking up the “narrative flow” (pg. 91) of the work. Using the hermeneutic circle, the researcher must realize that in order to understand the whole, it is important to analyze and understand each individual piece and part. Only after the “chunks and clumps” of the data are analyzed, can it come together as a whole again.

By step 3, I was working consistently from my notes instead of the papers. My aim was to transform my initial noting of the case (i.e., the two papers from the beginning and end of the semester) into emerging themes. I organized and sorted my data into patterns that stood out during the initial noting phase. I knew that I was going to inevitably add, collapse, expand, and revise these categories, so I coded any concepts, relationships, phrases, meanings, etc. that emerged from the data. Table 4 provides an example of how I created my emerging themes from my initial noting.

Table 4  
*Developing Emerging Themes*

Case 1 example quote	Comments	Emerging themes
“I hope that I am active and happy. I hope that I am still full of life. What I really hope is that I will be able to move on my own and do a lot of things I can do now. I probably won’t be climbing trees or skydiving, but I am terrified that my body will disintegrate and I will have to be pushed around in a wheelchair all feeble and quiet. I know 75 isn’t even that old, but it’s not really that young either, is it?”	Descriptive: Wanting to be active, wanting to be independent, real fears of getting older and losing autonomy  Linguistic: Several uses of the word “hope”  Conceptual: Threat of insignificance suggests terror management theory; positive wording = hope, negative wording = terrified	Fear of aging / becoming dependent Ageism Construction of age Struggle with age / change Hope for positive well-being Autonomy

**Step 4: Searching for connection across the themes.** Step four requires the researcher to look for connections between the themes. Smith and colleagues suggest two ways of doing so: first to list the themes in chronological order and connect them by related themes. This requires the researcher to “eye-ball” (Smith et al., 2009, pg. 96) the list to find clusters that pull toward each other. The second is to print out the typed list of themes and cut up the list so each theme is on a separate piece of paper. Then, on the floor or a note board, move the themes around until patterns arise. The patterns do not necessarily have to be themes that relate but can be themes that are polar opposites.

Specific ways to look for patterns include: 1) abstraction, 2) subsumption, 3) polarization, 4) contextualization, 5) numeration, and 6) function (Smith et al., 2009). Abstraction is the most basic form of identifying patterns between emergent themes and requires grouping of “like” ideas to create a super-ordinate theme. For example, in texts regarding death and dying, themes such as depression, mourning, and grief could be grouped together to create a super-ordinate theme of psychological consequences. Subsumption is similar to abstraction in that it creates a super-ordinate theme, but the super-ordinate theme is created from an already existing emergent theme that encapsulates a number of other emergent themes. Polarization focuses on the differences that emergent themes create, and contextualization has the researcher connecting themes on a narrative and temporal level (e.g., connecting key life events within the transcript). Numeration takes into account the frequency with which a theme is supported throughout the transcript, and finally, function examines emerging themes in terms of their specific function within the transcript, such as organizing themes by their positive and negative interpretations. These strategies are not mutually exclusive. It is important to note that during this time, the data became prioritized and reduced. Themes were not selected purely on the basis that they were prevalent in the data, but rather that they provided richness to the analysis.

For this analysis, I relied mainly on abstraction, polarization, contextualization, numeration, and function. Using Smith and colleagues’ (2009) techniques, I first “eyeballed” the results to see what themes were similar in context and function (abstraction and function), different (polarization), and frequently mentioned (numeration). For instance, themes such as “fear of being dependent,” “disability,” and “deterioration,” were all clustered based on the idea of struggles and challenges with old age. Next, I clustered themes by their presence among the

students' narrative of their life course (contextualization). An example of this would be that all of the students were married and had a family by mid-adulthood.

Due to the high number of themes, the act of just "eyeballing" wasn't enough to organize my data. As such, I color coded my themes by semester (blue for the first paper, red for the second paper) and cut them out into individual strips. Then I placed them on a large poster board that enabled me to move them freely around. Throughout the process, I kept asking myself, "What is this trying to convey?," "What is this an example of?," and "What is happening here?" This allowed me to make categories on the poster board. Table 5 provides an example of how themes were listed alphabetically to search for connections across the themes.

Table 5

*Initial List of Themes*

Ageism	Hiding behind facts
Aging in place	Hope for positive well-being
Autonomy	Housing
Best case scenarios	Insignificance
Challenge of aging	Preparation
Construction of age	Retirement
Continuity	Retirement allocation
Deterioration	Saving
Exercising / Healthy behaviors	Stereotypes of aging
Fear of aging / becoming dependent	Struggle with age / change
	Threat of death

*Note.* This is not an exclusive list

Not all emerging themes were placed into larger categories. Emerging themes that did not necessarily fit anywhere were not disposed of; rather, they were kept in case they were significant when I analyzed the data across the cases. Table 6 shows how patterns and clustering of the themes created superordinate themes within the first case. I knew that these would change as I analyzed and looked for patterns between cases. As such, Table 6 demonstrates what one case provided in terms of the initial themes and clusters. These initial themes and clusters ultimately changed into the final explanation of themes in Table 7.



Table 6

*Initial Clustering of Themes*

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1.	<i>Challenges of Aging</i>
	Fear of aging / becoming dependent
	Threat of death (losing others)
	Insignificance
	Deterioration
	Challenge of aging
	Ageism
	Autonomy
	Hiding behind facts
	Struggle with age / change
2.	<i>Age Avoidance</i>
	Productivity
	Exercising / Healthy behaviors
	Continuity
	Preparation
3.	<i>Finding comfort in old age</i>
	Retirement
	Retirement allocation
	Saving
	Preparation
	Exercising / Healthy behaviors
	Hope for positive well-being
4.	<i>Housing</i>
	Aging in place
	Community living
	Fears of long term care
	Moving

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*Note.* Not an exclusive list of themes

**Step 5: Moving to the next case.** This step involves moving to the next case without using themes from the first analysis for orientation. By doing so, this ensures the idiographic nature of IPA. To do this, I bracketed any knowledge gathered from the previous cases. Bracketing was achieved by following Ahern's (1999) tips for reflexive bracketing, adapted from the work of phenomenologists such as Colaizzi (1978) and Porter (1993). Reflexive bracketing is the ability to put aside personal feelings and preconceptions of a concept but to also understand that the researcher is a part of the social world of the study (Ahern, 1999). Good bracketing

practices range from clarifying personal value systems and acknowledging areas in which one is subjective, describing possible areas of potential role conflict to others or a diary, and consulting colleagues regarding methodological problems or insight. The amount of time the researcher should spend between cases is not specifically stated by Smith and colleagues (2009); rather, they recommend that researchers move at the rate they feel comfortable. For this project, I analyzed one to two cases a day.

**Step 6: Looking for patterns across cases.** The final step occurs after steps 1 - 5 are completed for each individual case. Step six has the researcher finding patterns across cases. Smith and colleagues (2009) suggest finding themes that are most potent or that “illuminate” the other themes. This form of analysis dives into the theoretical, allowing the researcher to interpret on a deeper level. Step six was a major undertaking because of the extensive list of themes and clustering that I had. It was at this time, once I had all the individual cases analyzed (clusters, themes without clusters), that I started to connect them.

Because I color coded my themes when I placed them on the larger board (which became much larger as I connected all the cases), I could see distinct commonalities and differences between the first semester and end of the semester. This allowed me the opportunity to see some changes from the beginning and end of the semester. However, due to the idiographic nature of IPA, the results presented are individualistic in nature. From this board, I connected common clusters developed in individual cases and merged them with other similar clusters to create a subordinate theme. When I had a list of subordinate themes, I began to search for commonalities between them to create a larger, superordinate theme.

This process varied in level of difficulty and changed over time. For instance, it was easy to connect clusters such as losing eye sight, experiencing pain, and being wheelchair bound as the subordinate theme of age-related impairments. This then folded neatly into the superordinate theme, challenges of aging. Other times, I had to step back to see the larger, overarching idea that was developing. For instance, volunteering, civic engagement, and being a grandparent at first did not seem to connect. However, after consulting with colleagues, reading the text again, and reviewing relevant literature, I could see that they were all roles of older adults. This in itself was a superordinate theme for some time before I consulted further with my dissertation chair and methodologist and realized that the students presented these roles not so much as what they

would be doing, but how they would stay youthful. As such, this was added to the superordinate theme of age avoidance.

## CHAPTER 4: Findings

In this chapter, super and subordinate themes from students' "When I'm 75" assignments are presented with illustrative examples. The results suggest that students are overly optimistic about their own aging and rely heavily on age-based stereotypes to inform their writing. By the end of the semester, the students incorporated what they learned throughout the course, but still struggled with contradicting themselves. Perhaps this duality suggests that students have learned about aging processes from the gerontology course, but still have hopes that they can alleviate what they believe to be the negative aspects of aging.

As stated earlier, IPA is committed to understanding the world from the perspective of the participant, especially how they make sense of their experiences. As such, contradictory themes that emerged from analysis are presented here. The implications of these contradictions are presented in the Discussion chapter.

**Superordinate themes.** Three overarching superordinate themes were identified challenges of aging, proactive steps to avoid negative aspects of aging, and housing considerations (See Table 7). Each theme is illustrated by excerpts from student papers. All identifying information has been removed or changed to protect the anonymity of the students.

Table 7  
Explanation of Themes

<b>Superordinate Theme</b>	<b>Subordinate Theme</b>	<b>Definition</b>
<b>Challenges of aging</b>	<i>Deterioration</i>	<b>The challenges of aging expressed by the students</b> Students insinuate that growing old leads to extreme decline
	<i>Loneliness and loss</i>	Aging is conveyed as a sense of anticipated loneliness and loss
	<i>Age-related impairments</i>	Expression of the potential issues with the physical body at age 75
	<i>Mental health</i>	Expression of the potential issues of depression and cognitive decline at age 75
	<i>Experiencing ageism</i>	The recognition that as they age, the students will experience ageism
<b>Proactive Steps to Avoid Negative Aspects of Aging</b>		<b>The students' desire to avoid any challenges of aging that are presented</b>
	<i>Being Productive</i>	Student expressing the need for productivity and business late in life
	<i>Exercising and eating right</i>	The actions that students will take to continue to be healthy
	<i>Being Financially Stable</i>	Confidence of the students that they will be financially stable at 75
	<i>Being socially connected</i>	The implied sense that interaction, friendship, and love is needed in old age
<b>Housing Considerations</b>	<i>Roles of older adults</i>	The roles that students believed they would be participating in as 75-year-old
		<b>The housing preferences that students convey throughout the second paper</b>
	<i>Aging in Place</i>	Students express the desire to age in place within their communities
	<i>Age Friendly Communities</i>	Student's understanding of what an age friendly community is
	<i>Disability Based Move</i>	Student's remarks on what would make them move to a care facility

## Challenges of aging

The superordinate theme the challenges of aging remarks on what the students believed to be the major challenges of aging when they are 75 years old. In the beginning of the semester, the language used by the students emphasized anxiety or fear. One student commented: “If I am being honest, growing old scares me. Picturing what my life might be like “When I’m 75” seems a little daunting” (Julia). By the end of the semester, the majority of students described feeling “less afraid” of aging and took more of an informative approach to the challenges they presented. Per the students’ passages, they knew life expectancy was increasing for Americans, and, despite advances in health care, they could suffer from chronic, incurable diseases, or need assistance with activities of daily living. The subordinate themes for challenges of old age are: 1) deterioration, 2) loneliness and loss, 3) age-related impairments, 4) mental health, and 5) experiencing ageism.

**Deterioration.** The subordinate theme of deterioration highlights how the students presented the challenges of aging for their physical and mental body. The name of the theme, “deterioration,” was created from the language used by the students to describe themselves at 75. Students relied on words or phrases that conveyed a feeling of the body slowly being destroyed; words such as “deterioration” or “destruction” were used frequently to describe the challenges of the body and mind during aging processes. An example of this is from Alexandria, who enjoyed being active with her family and friends at 75. She realized that age-related decline was a possibility, but in her description, used powerful language to describe the changes in her body:

What I really hope is that I will be able to move on my own and do a lot of the things I can do now. I probably won’t be climbing trees or skydiving, but I am terrified that my body will disintegrate and I will have to be pushed around in a wheelchair all feeble and quiet. I know 75 isn’t even that old, but it’s not really young either, is it?

The content of this quote suggests that Alexandria, like her classmates, valued her independence and the ability to *do*. When describing herself at 75, she provided several qualities that she was going to be challenge by, such as becoming feeble, quiet, dependent on others, and weak. For Alexandria, the term “disintegrate” illuminates her experience with her aging body and creates a powerful imagery of her becoming someone who is unable to be active or productive.

Alexandria’s quote regarding a challenge of aging is later contradicted in her assignment with a passage that suggests she would be “still healthy and in love, with kids and grandkids

when I'm 75" and continuing to "travel with friends and family and never lose my passion for life." Contradictions such as Alexandria's were typical while reading the students' passages. It was common for a student to discuss an age-related challenge and then later comment how productive or healthy they were. To me, this signified that dealing with a frail or failing body is an extreme challenge of becoming 75.

**Loneliness and loss.** The students frequently noted that social contact was crucial not only at 75, but throughout their entire life course. However, at 75, most students conveyed a sense that they anticipated being lonely and that loneliness was normal for older adults. Most students expressed concern about a decrease in visitation from friends and family members and being alone. This is personified in a quote by Alexandria, who spent a good portion of her first paper discussing how active she would be throughout her adult life. She took a moment to briefly then reflect on the potential of loneliness. She stated:

One of my biggest fears of age is that I will reach 75 and not have any of the same people in my life that I do currently. I do not plan on having children so I will not have a large family or grandkids to keep myself busy. I'm worried that I will not stay in contact with my current friends or find a significant other to spend my life with. The fact that at the age of 75 I could not be in contact with a single person that has known me my entire life is terrifying.

Alexandria believed that she would not stay in contact with people she's known her whole life because of her advanced age. She used the language "terrifying" to articulate a sense of fear that accompanies the challenge of being lonely. Similar to Alexandria, a majority of the students expressed that as one gets older, it is harder to keep or make new friends. Students conveyed this idea that being lonely or socially isolated was a real possibility, unless friendships were actively maintained.

Because students understood the importance of having social connectedness, when those ties were lost (i.e., the loss of a friend or family member through growing apart or death), they knew they would be impacted. For instance, Jenn stated, "The lower life expectancy in men alone makes it more likely for me to be widowed at age 75... Not only will my memory, intelligence, emotions, and personality be worsened, but I may also be more sad or depressed because of the fact that my husband will be dead." This line of reasoning (i.e., when someone I love dies, it will affect my health) was common among the students.

Losing loved ones was specifically mentioned as a challenge. Students did not hesitate to discuss the topic of death in their papers. However, they did not focus on their own death, but rather the death of their friends and/or family members. This was demonstrated in a quote from Trent, who placed great importance on his family life and gave an account of losing loved ones that conveyed a sense of difficulty in moving on after a loss:

Another battle that I could definitely struggle with at 75 is the loss of loved ones.

Eventually, every single person will meet their end, and at 75, I'm sure I will have lost both my parents and maybe even a few friends. Death is certainly one of the most difficult certainties of life to cope with, and without support and love from those who are still with me, I can see myself battling with the grief that death causes for those who observe it.

Trent seemed unsure how to deal with the coping and grief that came with the death of a loved one; by highlighting the word, "battle," Trent conveyed the sense that losing a loved one would be very difficult. He knew that he would die himself but was unsure about how to handle the challenge of losing those close to him.

What was most interesting about the topic of loss was its position in the students' papers. With the exception of some (including the quote above), most passages regarding loss were quick and concise. They often happened at random throughout the paper and were typically sandwiched between generally positive thoughts. For instance, Alexandria commented, "I have an older sister and a little brother, and I can't imagine losing either one of them. When I am 75, my parents will probably be dead which I don't want to think about." Prior to this quote, the student was talking about loving every stage of life, and immediately after, she began discussing her involvement in church and the community. Jumping from topic to topic was not uncommon in most papers, but in the case of loss, it almost appeared that the students knew they had to talk about it, but did not want to talk about it, so they just 'threw' it in. This haphazard approach to discussing loss, and at times even loneliness, made it appear to be a major challenge for the students.

**Age-related impairments.** The subordinate theme age-related impairments reflects the students' understanding of the challenges that age-related decline (e.g., issue performing ADLs, any age-related disabilities) could present at age 75. Responses from the students varied with regard to the level of their anticipated impairment. For instance, some students presented



themselves at 75 as an individual who has an impairment but is still very much functional. As Kim stated, “At the age of 75, I imagine I will have some limitations either from a disability or the effects of getting older. I will look to my younger family members to assist me with tasks such as going to the grocery or even house work that proves too difficult for me or my wife to complete. These various tasks are called IADL’s or instrumental activities of daily life.” This passage suggests that challenges in performing IADLs is normal part of aging and is something that she would seek help for if it grows worse.

Other students however presented a harsher scenario with regards to age-related impairments as they grew older. Some believed they would have more severe disabilities, such as constant pain, being unable to use certain limbs, or communicate with others. For instance, Jan recounted her experience of being a 75-year-old woman in this manner; her passage provides a powerful and emotive image that illuminates how frail and disempowered she believes an older individual can become:

As an older adult in an aging society, I will face many physical and psychological challenges. I’m sure “When I’m 75”, I will have many days where I will feel like a hopeless old lady and will look in the mirror and not like what I see. I will no longer be able to do the same things I was able to do when I was young, which will continuously discourage me. My body will ache, and each day I will feel I am getting more and more fragile. I will start forgetting things, feel depressed and alone some days, and will face much grief when I get to the age where my friends slowly start passing away. All of these things are challenges that come with the aging process, which is something I'm going to have to accept and learn to deal with.

Regardless of how students discussed their potential impairments and the challenges they present to being 75 years old, it is important to note that the students either later contradicted these comments (even Jan above later discussed her good health) or needed the reader to know that they could change, fix, or alleviate the impairments by continuing to be healthy.

At times, the students’ writing seemed to suggest that they were aware they were writing toward a grade (e.g., they presented statistics and facts about disability increasing with age), but that they did not have to accept that for themselves. This happened either because students insisted they would continue to stay healthy in old age, or because their grandparents did (do) not deal with this issue. For example, after explaining what ADLs and IADLs were and the potential

loss of independence, Julia commented, “I do not foresee this being a problem, especially since my grandparents possess these skills and are older than 75.”

**Mental health.** The subordinate theme mental health explores the students’ understanding of their mental well-being and the challenges they could possibly experience as a 75-year-old. Mental health was conceptualized by the students as both issues with psychological illnesses (e.g., depression or anxiety) and/or cognitive functioning (e.g., forgetfulness or dementia).

The students’ perceptions of mental health were difficult to understand at times due to the contradictory nature of their writing. In both the beginning and the end of the semester, students seemed to suggest that issues with mental health (both psychological and cognitive) were something to be extremely scared of because it would drastically change their quality of life and sense of self. Some students even commented that they would be a “danger” to themselves if they were to forget who they were or how to perform certain activities. As Nora suggests, “If I developed Dementia or depression as an older adult, this would also drastically affect my life because it would mean that I would not have the best quality of life possible. I watched my grandfather slowly deteriorate due to Dementia, and it is my strongest hope that I never develop this disease”. Not only does the student discuss how dementia or depression would affect her and the challenge it presents, she describes the fear she experienced while watching her grandfather die from the disease.

On the other hand, students also believed they wouldn’t have to deal with mental health problems unless something drastic happened to them or their daily fitness routines changed. According to the students, while both depression and cognitive decline were considered normal for older adults, it didn’t necessarily have to be their normal. For instance, when talking about the possibility of losing his independence and what can be done to prevent that, Matt states, “If I do this I would less likely suffer from depression this is very common for older adults.” Depression was something that could be overcome if you kept your mind and body healthy, which was the prerogative for most of the students.

With regards to cognitive decline, the students agreed it was normal for older adults to have a mental impairment, but they probably wouldn’t have to deal with it. This was usually because it wasn’t in their family genetically. As Rachel states, “Mental impairments, on the other hand, may be more difficult to prevent. Like most older adults, I expect to experience some

changes in my memory capabilities.” She then goes on to discuss Alzheimer’s and dementia in detail, suggesting that it would not happen to her because it “doesn’t run in her family”.

**Experiencing ageism.** Experiencing ageism expresses how students would experience discrimination based on their age. Ageism was understood as “universally experienced” (Andrea) by all older adults and specifically mentioned as a major challenge Jim commented after his discussion of ageism, “one of the worst challenges that I imagine myself facing at 75 is the perception that I am incapable”. Jim was not alone in this sentiment. Most students commented on dealing with ageism, suggesting that it could be either deliberate or accidental.

Alexandria’s quote regarding ageism provided a complete understanding of what older adults have to go through as they get older. She states:

As we grow older we inevitably have to deal with people treating us differently than they used to. People don’t treat me like they did when I was five, and that’s a *good* thing, but somewhere along the way I may not be so happy with how I am treated any more. A big problem with how a lot of people treat older adults is that they think they’re dumb or should be treated as if they were children, when instead, they should just be treated as what they are—adults. Sometimes people, when trying to be helpful or kind towards older adults, treat them like young children and talk loudly and in a mocking tone. This is not usually because of some cruel desire to hurt older adults; simply ignorance to how older adults should be treated. In terms of the workplace, older adults are sometimes fired/let go, or passed over for promotions because of their advanced age.

This ageism exists and will probably affect me at some point in my life.

She discusses being underestimated, despite being a grown adult. In addition, she mentions the ignorance of the younger generation by talking about elder speak, a form of specialized speak that younger adults use when addressing older adults because they assume they cannot hear or understand.

### **Proactive Steps to Avoid Negative Aspects of Aging**

The superordinate theme proactive steps to avoid negative aspects of aging represents the actions students would take to overcome the challenges they presented in their papers. The students relied very much on the concept of continuity, at times even mentioning and defining continuity theory specifically for the reader. Because of this, it seemed that the students believed

that by continuing what they are doing now (e.g., their fitness routine, eating habits, social habits) they could avoid any challenges that came with age. While chronologically they would be 75, their bodies would not “act” 75. How students would avoid negative aspects of aging is discussed within the following subordinate themes: being productive, exercise and eating right, being financially stable, being socially connected, and the roles of older adults.

**Being productive.** The students’ writing expressed in detailed how they would continue to be productive when they are 75. They especially emphasized traveling, staying creative, or keeping up with old hobbies. The writing emphasized a sense of frequent busyness, which was conveyed by the students extensively listing what they would do in their free time. This prescribed business and productivity conveyed a sense of that if the students kept busy and were proactive about their health, they could avoid the negative aspects of aging.

The students’ productivity was often stereotypical of what we think older adults like to do. A substantial portion of students mentioned travel as a substantial part of their personal leisure time. Others commented on how they would play Gin Rummy or BINGO with their friends. Students would rely on their grandparents as examples of what productivity looked like. As Caitlin explained, she would play Bridge, just like her grandma loves to do: “I will go to Church every Sunday and be involved there as well. For fun, my friends and I will switch off from house to house every week to play Bridge. This is something my grandmother does and looks forward to every week, so it’s something I might like to do when I am 75 as well.” This suggests that the students were using the actions of their grandparents to fill in details of their life at 75.

Again, it was remarkable how much the students were always doing something productive in their papers. Even when explaining the potential decline in their bodies, they were still very active adults. Some suggested that they adapt to this by doing fewer and less exhausting activities such as walking, watching TV, gardening, and writing. However, because most of the students were very committed to their physical fitness (as seen in the subordinate theme below), most just commented that they would continue what they are doing now, but it might not be as intense. This is personified in Melissa’s quote: “Everyday I’ll trout fish, ride my horses and write poetry. Physically, I imagine I’ll still be able to do most of the things I enjoy doing now except maybe at a slower, more careful pace.” It appeared that being productive was a proactive way to avoid negative aspects of aging.

**Exercising and eating right.** The students believed that exercising daily and eating right was the best way to prevent aging processes. They reported, in extreme detail at times, the daily exercise and nutrition regiment they would perform in order to stay healthy. By being physically fit and healthy, the students felt they wouldn't have to deal with any of the challenges of aging they presented in their papers. These healthy behaviors provided them a sense of satisfaction, social connectedness, structure, and control. As Matt stated, "I believe strongly that it is almost fully in my control how healthy my body is when I am older."

The students' writing suggested that being able to do things was more important than looking young. As Amy suggested, "I need to do some type of exercising daily so that I don't get so weak." To the students, being weak or dependent seemed to be one of the worst things that could happen to them. Because students were committed to being physically active on a regular basis, their writing expressed a sense of perplexity when it came to older adults who were not motivated to work out or keep healthy. They believed that even small amounts of physical activity could counteract any ailments that older adults might face. These sentiments were captured by Trent, who stated:

An inability to perform basic activities can result in feelings of dependence and incompetence, which can potentially lead to much more serious issues like anxiety, depression, etc. However, the progression of these losses can be largely delayed by positive habits such as exercise and eating well, both areas in which I feel I excel in. For the past 5 or so years of my life, I have become a health and fitness guru, which has improved my well being both physically and mentally.

As Trent suggests, age-related changes are manageable with exercise and being healthy. By remaining active, most students discussed that they could keep control over not only their physical body, but their cognition as well. While Trent discusses the mental body in terms of anxiety and depression, students also found it important to highlight that being active in old age increases confidence, sense of well-being, and sense of worth.

This need to be healthy continued even if the student is, admittedly, not that healthy now. Valerie commented:

Staying healthy is going to be very important "When I'm 75" years old. That begins with having a well balanced diet. A combination of fruits and vegetables everyday will help keep my body in better shape inside and out. I also hope to exercise daily. Whether I'm

walking, running, or lifting weights, I want to be very active. Exercise is very important to maintain a healthy lifestyle. I hope that when I'm younger I can start these healthy habits to continue for the rest of my life.

Here we can read that Valerie understands her need to remain healthy by eating right and exercising daily in old age. However, her last sentence, "I hope when I'm younger I can start these healthy habits" suggests that they do not take precedent now.

The ability to exercise occurred in different ways for each individual. For some, it was gardening or participating in sports such as golf, and for others, it was going to the gym throughout the week. Health was a passion of the students, as witnessed by Sheena's quote:

My husband and I will continue to stay active by walking outside, possibly even hiking, kayaking on the bay, and maybe even belonging to a gym. Health is very important to me and what I am extremely passionate about so I imagine at 75 still wanting to be in the best shape possible and eating right to stay comfortable in my skin at that age.

It is important to highlight that most students, similar to Sheena, completed active tasks with another person. Typically, it was a spouse, or, occasionally it was a friend or neighbor with who they took walks or attended the gym. Staying physically active was another way to also stay socially connected.

**Being financially stable.** It should be noted that being productive, physically fit, and well fed appeared to be easy for the students to accomplish because in both the first and second semester papers, finances were never a problem. In the first iteration of the paper, students were more likely to emphasize exactly how rich they would be. They commented on how they would take lavish vacations with their loved ones, own expensive cars, and be successful in their careers. A select few constructed a future in which they would be millionaires. For instance, Matt suggests, "Financially, I have thousands of dollars (maybe millions!). I have my own business by owning a restaurant."

Although not all of the students specifically said they would be millionaires, they did mention that money would never be a problem. In first paper, they provided no real explanation for how it would not be an issue. Typically, students mentioned that they would work hard and save money, so by the time they are 75 they would be rich. By the second paper, students went to great lengths to demonstrate what working hard, saving money, and successful investing could do for them. Students calculated how much they would have to make and how much they would

have to save and invest in order to continue to live their “lavish” lives. For instance, Cillian wrote:

When predicting life and retirement forecast, under the condition that I will be a marketing manager earning the median salary, I can make upwards of \$110,000. Since I saved 15%, which directly goes towards our retirement and social security as the median as well with \$1,200 dollars per month, I will not have to change the way of living as I age. In fact, I will be able was able to reset my retirement age from 67 to 62 and I will be able to live extravagantly.

Based on their predictions, “money really should not be an issue” (Julia). The students did, however, fail to mention how their financial stability would change in light of different life transitions. No one calculated for unexpected events such as having to buy a new car or putting a new roof on their house. Additionally, they didn’t factor in wanting to pay for vacation homes or their grandchildren’s college. Money was just something that would be there, regardless of what happened.

**Being socially connected.** The students believed that another proactive step to avoid the negative aspects of aging was being socially connected with others. Even though earlier it was mentioned that the students conveyed a sense that they would be lonely at 75, all of the students also took time to discuss their active social lives. Throughout their papers the students demonstrated their engagement in communication with others through participating in face to face conversations, attending social outings, spending time with family, and talking to people on the phone. Family, friends, and at times the community would provide companionship for the students when they are 75. Family and friends especially provided a sense of emotional and informational support, which improved their overall well-being. Students frequently mentioned the benefits of social support in old age and how traumatizing loneliness would be. Socializing served to be a positive and stimulating experience for the students; the support and companionship received provided them opportunities to learn, care, love, give back, and grow. The benefits of social support are exemplified Sheena’s quote from an end of the semester paper:

Social support systems contribute to several things in life such as an improved health status, increased morale and self-confidence, and reduced depression and anxiety. It also reduces risks of disability and death. Having family to be there for me will be extremely

important to live happy through hard times. Giving back to my friends and family will ensure that I have people there for me when I go through rough times.

As illustrated above, socializing, the benefits of companionship, and support were extremely important to the students. Because of this, losing their ability to socialize was conveyed as a sense of great loss. As Trent mentioned, “It is extremely important to me that I do not lose my ability to socialize, because as we learned, depression and suicide plague our nation’s elderly, yet the risks for both can be improved through various forms of social engagement and supportive, close-knit social networks”. As in this example, most of the students felt that without social interaction, life becomes boring. As Mark stated, “I do not want to be a person who sits around the house all day. I need to have human interaction.”.

The student’s writing suggested that having friends and family members gave them a sense of purpose and something to do as they aged. According to Rachel, “family is everything” because when you’re 75 “there isn’t much to do.” Companionship prevented loneliness and social isolation and allowed the students to improve their psychological well-being. Additionally, the quality and frequency of the support was very important to the students. Having a sense of mutual satisfaction within their relationships was crucial. For example, Sofia stated, “At age 75, I see myself living independently and relying on social supports for emotional and social engagement. Through my social network, I hope to be able to guide future generations (i.e., children and grandchildren). I want to be able to support younger generations by sharing my knowledge and professional experience.” While some students commented that mutual satisfaction meant giving and receiving services and goods, most discussed the satisfaction they received from sharing time and knowledge.

The students reported having almost daily contact either face to face or over the phone with their friends and family members, especially their children and grandchildren. Generativity and their legacy was important to the students. Geographic distance was never really an issue because more often than not, students constructed a self where their family lived nearby. For instance, Scarlett commented, “I hope to have a large, caring family who lives near to me so that they are able to help me with any struggles I face.” Having family close by was important to avoid the challenges of aging that 75 could present.

**Roles of older adults.** The subordinate theme roles of older adults explores the expected roles students intended to have as a 75 year old. In the first and second paper, students



understood that throughout life they would hold different roles that would impact the self and their identity. By the second paper, students knew the name and definition of role theory, and could explain that as individuals enter and leave different transitions, roles may or may not change.

Although students could define role theory and its major tenants, the students mainly described stereotypical roles of older adults in both the first and second paper. Some students were aware that they were stereotyping as well. For instance, Gwyneth wrote in her second paper:

I feel like once I'm older and retired and the like, I will have an excessive amount of free time on my hands. So I would obviously need to find things to fill my time. I haven't really thought about this much, since my likes and dislikes will probably differ by the time I reach the age of seventy-five. I could do stereotypical old people things like gardening, golfing, joining a country club, walking, knitting, etcetera. But I feel like I would get bored with that stuff.

Gwyneth, as did some other students, realizes that she is listing stereotypical activities that older adults do, according to the common age-based stereotypes in our society. Interestingly, she knows that this would make her bored but really doesn't go on to provide activities she would want to do instead.

Consistent with the students' reliance on stereotypes, it wasn't surprising that the roles they held as older adults didn't expand past being retired, a grandparent, or being a volunteer. Every student discussed the importance of being retired when they were 75. Retirement to the students was conveyed as providing more flexibility, enjoyment in life, and freedom. As they got older, the students expressed less motivation to work because working hard was for their youth and middle-aged years. Retiring afforded them the ability to continue leisurely activities such as vacationing, volunteering, and spending time with family. Retirement perpetuated this idea that 75 was meant to be spent doing what the student wanted to do and being productive. As Sheena stated:

I want to try new restaurants and food with my husband and friends, and go see new movies. Since we are also retired, I plan to travel and see new places. I would even want an RV so we could travel at our own convenience and be able to road trip across the country.

During their retirement, the students expressed a desire to be a grandparent much like their grandparents now. This role expectation was positive and something that the students intended on doing. They emphasized the collective family unit and brought a sense of closeness. The grandparent held several roles within the family, with the most frequently discussed as providing care for the grandchildren. According to the students it was their duty to help their children with caregiving to the grandchildren, much like their grandparents helped with their upbringing. Students felt that it was expected of them, as demonstrated through this quote by Mark:

Being a father changes the priorities you have in life forever. You will have a person that relies solely on you for their safety and well-being, and that takes your responsibility level to new heights. They will be the thing you cherish most at any age. As you age your children will have children and you will care for them as much as you care for your sons or daughters. There is a continuity theory concept there with that you will still feel responsible for your grandchildren's well-being as you did for your own children.

The students expressed a strong belief that they would be financially sound in the both the first and second iteration of the "When I'm 75" papers and, as such, they discussed this obligation to their family. For example, Cillian stated:

When my family visits, I will be able to spend more time with them and share more bonding experiences. Although, it may give my grandchildren the wrong impression of what it's like to grow old. Additionally, having more money will allow me to take care of expenses that can burden a family. For instance, I will be able to invest in life insurance, so I will not burden my family with funeral expenses. In the winter, I will be able to afford an Oceanfront summer property and perhaps even a boat. This will allow my grandchildren a place to go on winter vacation.

It is important to point out that being the financier was more than providing money. Students wanted to shower their family members with gifts, including major purchases like paying for college, homes, and vacation time. Having the role of providing financially for their children and grandchildren helped the students feel they were relevant, or as Cillian suggests, less of a "burden."

The second role the grandparent had was to be fun. Students mentioned they would spoil their grandkids by buying them gifts, sharing cherished memories, baking cookies together, or

teaching them new things. Spending time with their grandchildren appeared to be very significant to them. As Matt states, “I stay active by playing with my grandchildren and my kids, too. I spend a great deal of time with them because I feel young being around them.” Students wanted their grandkids incorporated into their leisure time. In most cases, grandchildren positively impacted the students at age 75, including increasing their sense of self-worth.

Grandparents were role models to the students. The students emulated their grandparents throughout their writing and students discussed how they would continue traditions that their grandparents set forth. For instance, Valerie stated,

Growing up, my immediate family, cousins, and grandparents have a tradition of having “Sunday dinner.” Each week we come together and have a meal at one of our houses.

This is something I would love to continue in the future. I want to always have an open home to both my family members and friends.

Being like her grandparents was something that Valerie and others strived for in their papers. This could be because grandparents, even when they had a disability or illness, were never really seen as an older adult to the students. As opposed to other older adults, the students’ grandparents were still beautiful and active and “full of life.”

Finally, in addition to spending time being retired and grandparenting, the students were very keen on volunteering and giving back to their community. This role was consistent with the students’ need to be productive and proactive into old age, so as to feel an increased sense of self-worth. Consistent with the theoretical underpinnings of continuity theory, the students discussed that volunteer work has been a lifelong role of theirs. For instance, Cillian stated, “Service has been a source of joy in my life, which includes helping animals in the “PAWS” organization; coaching baseball, volunteering as a music camp counselor; and being on the [sorority name] service committee. “When I’m 75” I will continue trends that I have begun when I was younger. I will continue with the theme of service.” However, now that they retired, it was something that they planned to do full time.

The students regarded being a volunteer as meaningful and beneficial to their sense of self. Kelly wrote, “According to *Aging Matters*, “About 25% of all adults 65 and older do so [volunteer]” (Hooyman 241). Volunteering will give me a sense of purpose and prevent me from feelings of worthlessness associated with role loss.” As seen by Kelly’s passage, participating in volunteer work conveys a great sense of satisfaction. For some students, volunteering seemed to

give the students meaning to their lives and increased their overall physical and mental well-being.

### **Housing Considerations**

Many of the students commented on their living situation as they grew older and how it could change over time. This was conveyed as something the students felt very strongly about; their housing situation would often dictate their physical, social, and mental well-being. As Amy commented, their housing situation was something that would “shape their aging experience.” Initially, housing was going to be a subordinate theme under proactive steps to avoid negative aspects of aging because the students believed that proper housing was one way to circumvent some of the challenges of aging. However, because housing was brought up by almost all of the students and was not mentioned in the “When I’m 75” prompt (i.e., it was brought up on their own accord), it was agreed that housing considerations should be its own superordinate theme.

The students gave the impression that it was important to be prepared when it came to housing. This superordinate theme has three subordinate themes that explore the students’ perceptions of housing and understanding of what they need as an older adult to age safely. The first, aging in place, describes the students’ desire to age within their home and the community. Aging in place was important for their physical and mental well-being. The next theme, age friendly communities, is similar to aging in place but explores the students’ understanding of how they would age safely. The students went to great lengths to describe what they needed from their community in order to feel secure. They weighed the pros and cons of living at home and took time to decide what was right for them. Finally, students understood that a disability or illness could force them to move. The subordinate theme disability move discusses their decision making to move and their reluctance.

**Aging in place.** The subordinate theme aging in place describes the students’ overall desire to continue to age in their home and communities, despite the challenges that aging might possess. Because the students put such an emphasis on family, friends, and community, throughout the students’ writing it was clear that they did not want to move into a residential care facility. Aging in place was synonymous with independence and autonomy. The students felt that autonomy might be lost if they had to relocate. As Kelly states,

A recent article in AARP The Magazine stated, ‘Almost 90% of Americans 65 or older plan to stay in their homes as they age.’ I am not quite sure where home will be for me yet, but Ohio or not, I plan on sticking with this trend. Remaining at home will not only be the least complicated financially but will help me to preserve a sense of independence.

Aging in place was promoted through words or phrases that conveyed a sense of safety, security, and familiarity. The students discussed the practical advantages to living at home, including the benefits of being in a familiar community. As Sheena states,

I will hope to get to continue to age in the society that I had been living in for years, but I understand that may not be the case. If I have the choice, I will continue to age in place because I want to be familiar with my environment and be able to rely on others if needed as I get older. Relocation also tends to be difficult for elders because of physical and cognitive disabilities, this is why only about six percent of older adults move in a year. Aging in place has documented many benefits such as better health, life satisfaction, and self-esteem. Therefore, this society will help me to feel comfortable and more safe as I age knowing that I am aging where my home and family is.

Sheena, and other students like her, wanted to stay in their homes as long as possible. She is comfortable there and knows that others would be close to help her. Similar to this quote, students also expressed the emotional attachments they have to their homes and the friendships and familiarity that is associated with the place. They did however weigh the pros and cons of staying at home, which resulted in the next subordinate theme, age friendly communities.

**Age friendly communities.** Living in an age friendly community was extremely important to the students. The students highlighted the importance of socializing, places of worship, volunteer opportunities, safety, and accessible services. Students were very aware of what age friendly communities could provide them to help with any functional needs they had. Kim wrote in detail everything that she would expect from an age friendly community:

Outside of my own living community or neighborhood I’ll find it important to live in an age friendly community. This community has to be accessible for all my needs. I currently live in Indianapolis, Indiana and assuming this will be my home when I turn 75. I would not consider Indianapolis to be the most age friendly place to live. If I ever decide to move somewhere else I will be looking for several things. The first being transportation. I would like to be active and if me or any of my friends are in a

wheelchair, the public transportation will have to accommodate those needs. Some buses now actually kneel down to motorized chairs so that the elderly are able to roll onto the bus. The infrastructure of the area has to be accessible as well. Intersection will have to have longer crossing times so that I'll be able to cross the street safely and curbs will have to be low enough so that I can step onto to the sidewalk safely. Walking paths along parks or canals that include benches for rest are vital in order to promote activity for me. I'll also want to have access to stores that have good lighting and large lettering so that I'll be able to shop efficiently.

Students "did their homework" when it came to their housing in old age. It was clear that they researched whether their desired community was age-friendly, and discussed moving options if it was not. Often students would recall an assignment they did for class that really helped them understand the need for age friendly communities. For instance, Abby commented on her current living space, "Although the location is very nice and it is fun to visit its many beaches, it is not an ideal place to age. It only scored a 50 on AARP's Livability Index. This is because housing, neighborhood, transportation, environment, and health are not satisfactory."

**Disability based move.** Students were aware that if their health did deteriorate as they aged, they would no longer be able to rely on family members to care for them. As such, they would make the decision to move into an assisted living facility or skilled care unit. Sarah describes her functional abilities and relocation:

With a low functioning rate, I may have to turn to family members for care. If they cannot care for me, I would have to consider different types of care facilities. Assisted living is a less intensive form of care. I may be faced to chose [sic] a nursing or skilled care unit when I am in a lower functioning state. If I am at a high functioning rate, which I hope to be, then I will be able to age in place on my own and, possibly, hold a job in the work force.

This decision was hard for the students and it was typically expressed through words that signified a loss of independence. However, the students' writing suggests that this loss was better than being a burden on their family. Additionally, moving was, according to the students, a little scary. Some students compared moving in to a nursing facility to deterioration and death. Matt described his experience that he had with his brother when he was 75:

Something that was really difficult for me was when my older brother was moved into a retirement home. His wife had died two years previously and his Alzheimer's symptoms were beginning to grow worse so the family had to make a decision. It took him quite some time to come to terms with living in a skilled nursing facility. We had been paying a nurse to come to his house to help him with his medications and memory a couple days a week, but that was getting expensive and his health continued to deteriorate... It is a frightening thought that in the next couple of years I could be in assisted living and then a retirement home. I value my independence a lot, but I don't want to be a burden on my family.

Students went to great lengths to increase the probability they would not be placed in an assisted living or nursing facility. Students implied that they had individuals around them to help them avoid residential care facilities and relied on themselves to keep their body active and healthy.

## **CHAPTER 5: Discussion**

The present study explored how college-aged students viewed their own aging, focusing specifically on whether age stereotypes impacted their self-perceptions of what they would be like at age 75. This is important because internalizing stereotypes at an early age can affect health, self-concept, and how we prepare for our future aging (e.g., Kornadt & Rothermund, 2012; Levy et al., 2009). The findings from this study suggest that the students consistently relied on both positive and negative age-related stereotypes to inform their ideas regarding their future aging. In particular, the students speculated that their lives would be challenging, but by staying healthy mentally, physically, and socially, they could ultimately avoid many age-related issues. This created many contradictions throughout their papers.

The chapter interprets and describes the significance of the findings in this dissertation. It begins by comparing the current research to existing research in the field. Specifically, it briefly summarizes the extent to which the findings are consistent with what has been reported, and then identifies new insights that were revealed. Next, it explores how the findings of this study both support and diverge from social identity theory and terror management theory. Following this, the chapter comments on the findings and how they create a path for new directions in gerontological pedagogy. Specifically, it explores how we can use what was found in this dissertation and apply it to the classroom. Finally, the chapter ends with study limitations and directions for future research.

### **Contributions of the Findings to Existing Literature**

The study findings are consistent with those reported by Altpeter and colleagues (2003), Mosher-Ashley and Ball (1999), and Remedios and colleagues (2010). Similar to their students, the students in this sample emphasized good health, including paying attention to their diet and participating in exercise, wanting to be independent, the need for productivity, and wanting to be social with others. The students also relied on stereotypes of older adults to inform their papers, and at times, demonstrated anxiety about their own future aging. Nonetheless, the results from this study lend support to claims that when students think about their future, they have unrealistically positive expectations (e.g., Busseri, Choma, & Sadava, 2008; Kornadt, Voss, & Rothermund, 2015; Lachman, Rocke, Rosnick, & Ryff, 2008).



Despite the similarities with several previous studies, several new insights emerged from these data. Very few studies have explored how students approach and understand the aging process. As such, this study identified salient but often overlooked aspects of becoming an older adult. The results provided new insights into students' understanding of: 1) the aging body, 2) time and the future, 3) gender and aging, and 4) housing considerations.

**The Aging Body.** A large body of literature critically examines the aging body (e.g., Clarke & Korotchenko, 2011; Katz, 2010). This research has demonstrated that youthful bodies are often idealized in Western culture and signs of aging, such as wrinkles and issues performing ADLs, are negatively experienced and presented as a challenge. The findings from this dissertation echo this sentiment. One of the biggest challenges students identified in their papers was the potential negative changes that happened to them as they aged to 75. These challenges, such as dealing with a physical disability, had the potential to hold them back from what they wanted to accomplish. As such, a good portion of the students' papers were dedicated to strategies used to make sense of their aging bodies.

In Western societies, consumer culture has dictated that the body is fundamental in age-resisting practices (Rudman, 2015; Slevin, 2010). Cosmetic surgery, exercising, and dieting are all examples of strategies used to resist getting older (Gilleard & Higgs, 2000). The students in this study focused immensely on their exercise and diet routines, as well as the activities they would do to keep busy. This finding is not surprising; Calasanti and Slevin (2001) suggested that obligation to diet and exercise for the body throughout the life course, as well as the increasing medicalized ideology of our society, normalized the idea that aging is a disease that should be prevented. The students in this study were merely relying on pervasive cultural norms that devalue old age.

What was unique about the aging body in this research was how it had the potential to transform a student's 75-year-old sense of self. Research has found that the body is incredibly important to our sense of self and helps us define our sense of worth (Calasanti & Slevin, 2001; Turner, 1996). The students in this study, for the most part, were happy and healthy 75-year-olds. However, some took time to explore what would happen if they were ill or frail physically or mentally. By doing this, the students created a major distinction in their papers: the difference between physically and mentally feeling old and being old. Students rarely felt old. Feeling old was a quick reminder that they were in a 75-year-old body, such as not being able to run as fast

or needing more time to do things. Being old was accepting all the negative and challenging aspects of old age. This occurred if they didn't take care of themselves, had an injury, or were genetically predisposed to a condition. Being old appeared to be a death sentence; students could no longer accomplish anything or live in the community and would become a burden to their families.

Studies documenting subjective, functional, and chronological age are rich in gerontology (e.g., Barrett, 2003, 2005; Hurd, 1999). Most research has found that older adults will often distinguish themselves from "older people" (Hurd, 1999). For instance, Townsend, Godfrey, and Denby (2006) found that the older adults in their study were quick to deviate from older individuals they called "villains." Villains were older adults who were quick to give up on life and didn't give back to the community. Studies that explored chronological, subjective, and functional age among samples of college students found that young adults are quick to abandon their youth (e.g., wanting to be considered an adult [Galambos, Turner, & Tilton-Weaver, 2005]), but no studies were found on students' acceptance or denial of becoming old. In the present study, students did try to frequently distinguish themselves from being old; they relied on old age stereotypes to describe other older people (or their other older self) while maintaining a youthful identity for themselves. Faced with these stereotypes, this study demonstrates a brief glimpse into how students maintained a sense of self and continuity while navigating their personal aging. More however needs to be done to explore chronological, subjective, and functional age trends (e.g., at what age or period in life do individuals deny becoming old) and how our sense of self is impacted by this.

**Time and the Future.** A second new insight gained from this research is the perception of time for the students. The students were asked to place themselves 50+ years in the future to write their experience as a 75-year-old. However, none of the students addressed what 50+ years in the future would look like; for example, students could have presented a future in which Alzheimer's Disease was cured or where bionic knees prevented the need for walkers. Instead, it appeared the students experienced themselves as 75-year-olds are in 2018. This finding could be interpreted in at least two different ways. First, perhaps the students are not developmentally able to view themselves or what the world would be like in the future. Second, it is also possible that the students relied on information from older adults in their lives now to construct themselves at 75 and the future.

Much of the research on younger adults and time is situated in the “future self” literature. Research on the future self suggests that young adults are not developmentally capable of viewing themselves in the future, but rather are focused on their careers, social life, and personal characteristics into middle age (Dark-Freudeman, West, & Viverito, 2006). This would explain why students had to rely on the characteristics and actions of current older adults in their lives (e.g., grandparent or older neighbor) or age-based stereotypes to create a self and future at age 75. According to Hooker (1992) “college students are at a point in their lives when future possibilities are wide open, and much of their current activity is in service of some future goal” (pg. P91), so their lack of foresight about their own aging makes sense. As Hershfield (2011) pointed out, the future at times is so distant that the imagined future self is often treated as another person.

**Gender and Aging.** Previous research has found that attitudes toward aging do rely on gender stereotypes (e.g. Laditka, Laditka, Houck, & Olatosi, 2011; Prentice, & Carranza, 2002). For instance, when young adults were asked about their perceptions of older men and women, women are more likely to be rated higher on qualities of warmth and nurturance, while men are rated higher on intellect and autonomy (Canetto, Kaminski, & Felicio, 1995). Despite this, it was interesting to find that in this research several common gendered stereotypes were not supported by the students when they were 75.

Caregiving was one action that the students did not characterize as gendered, but rather something that both genders do. However, although both males and females in this study identified as a caregiver for family members and grandchildren, they focused more on giving time and money, not physical care. This negates two common gendered stereotypes of caregiving: 1) given that gendered stereotypes portray women as full-time caregivers, it was surprising that none of the women in this dissertation chose to take on a caregiving role that included providing hands-on-care and 2) despite the stereotype of being “grandmotherly” (e.g., Cuddy & Fiske, 2002), both male and female students depicted themselves as loving and nurturing (e.g., hugging their grandchildren, baking cookies) toward their family. This is surprising considering the general expectation of women to be more emotional, hands-on caregivers and men to provide more help with instrumental activities (e.g., finances, house maintenance).

Cummings, Kropf, and Weaver (2000) suggested that attitudes toward aging grow from the lived reality of participants' current life situations. The students in this dissertation, for the most part, came from families with higher socioeconomic status. Because of this, they might not encounter older family members or older individuals who are struggling physically, mentally, or financially and are in need of more hands-on-care. As per some of the students' responses, currently their grandparents were happy and healthy; as such the students might have more extensive knowledge of what it is like to be with an older adult who can provide more emotional and financial care (Anderson, Harwood, & Hummert, 2005). Not having experienced an older adult who needs certain levels of care could have prevented them from identifying themselves as caregivers. Moreover, perhaps because the students are not experienced in the physical aspects of caregiving, they focused on giving more emotional care. This would explain why their "When I'm 75" responses are often positive, because they are healthy older adults who are financially secure.

**Housing Considerations.** A fourth and unexpected finding in this research was the students' emphasis on housing and the environment. Despite not being asked to write about their future living environment, the students' passages were both knowledgeable and detailed; results suggested they understood aging in place, disability-based moves, and the benefits of an active community. Extensive literature documents older adults' strong preference to age in place (Ewen, Hahn, Erickson, & Krout, 2014; Kendig, Clemson, & Mackenzie, 2012). However, there is very limited literature based on longitudinal data of housing preferences, especially how younger adults want and expect to age within the community.

Prior to learning about housing, the students, like many people in society, held negative stereotypes about assisted living and nursing homes (e.g., Salkeld, Cameron, Cumming, Easter, Seymour, & Quine, 2000). The negative perceptions they held are not new; nursing homes and assisted living facilities are often depicted poorly (Quine & Morrell, 2007; Shippee, 2009). As the students developed throughout the semester, however, they had a better understanding of the continuum of care needed by some older adults, including housing preferences and needs. The students' understanding of housing makes sense. Housing, specifically choosing housing and relocating, is something with which they have personal experience. As students at university, most have had the experience of packing up their belongings and moving to a dormitory or rental

property. Being aware of the difficulties that come with moving might have made them more aware of their housing and environment needs as they got older.

### **Theoretical Explanations**

This research was initially conceptualized in the context of social identity theory and terror management theory. Both theories provided insight into why the students responded the way they did in their “When I’m 75” papers.

**Social Identity Theory.** Social identity theory postulates that individuals’ self-image, self-concept, and self-esteem are connected to their group identity (Greenwald, Banaji, Rudman, Farnham, Nosek, & Mellott, 2002). Because individuals want to maintain the group they are in, they reflect the behaviors and attributes of the in-group (their group) even if it is stereotypical (Hogg & Turner, 1987; Sinclair, Hardin, & Lowery, 2006). In addition, they go out of their way to distinguish themselves from the out group, often exaggerating out-group differences and in-group similarities (Tajfel & Turner, 1979). This creates an “us” versus “them” mentality that distinguishes the two groups.

The students in this study tried to claim the in-group (themselves as a young adult) and the out-group (themselves at 75) identity throughout their papers. This ultimately created inconsistencies and contradictions throughout their writing. The in-group identity was depicted as a 75-year-old who was physically and socially active and maintained a daily routine consistent with what they did in college. Research has demonstrated that while older adults are active, they are less active than younger adults and participate in low intensity physical activities such as walking, gardening, and golfing (Chodzko-Zajko, Proctor, Singh, Minson, Nigg, Salem, & Skinner, 2009). The mentality that their current routine would not change or have to be modified at all demonstrated the students’ desire to remain in the youthful in-group, and an “us versus them” mentality emerged against unhealthy older adults.

This is illustrated by the students’ descriptions of adherence to strict physical routines that they believed would prevent age-related decline. They thought that if they maintained the level of activity that they are doing now (as college-aged students), they could prevent health issues (e.g., increase in disability, decrease in cognition) in the future. Research does support the idea that exercise can delay the progression of age-related disabilities and the onset of chronic health problems and disease (Miller, Rejeski, Reboussin, Have, & Ettinger, 2000). However, we

also know that there are barriers to maintaining an intense level of exercise as one ages, such as time constraints, normal age-related physical decline, non-normative age-related health problems, comfort level, the environment in which they live, and perceived ability (e.g., Lees, Clark, Nigg, & Newman, 2005; Schutzer & Graves, 2004). The students did not discuss any perceived barriers. What they discussed was health problems of *other* older adults (i.e. the outgroup), and how they wouldn't have to deal with those issues. Again, this created an "us versus them" mentality, specifically against unhealthy older adults or older adults who were not actively participating in society.

In addition to their in-group identity, students also adopted traits from the outgroup identity, such as playing BINGO or Bridge or being a "perfect grandparent" (e.g., having fresh baked goods ready). SIT suggests that as individuals begin to feel rejected by their ingroup, they begin to identify with the outgroup. Identifying with the outgroup becomes a strategy used to restore the feeling of acceptance (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). However, the students never were rejected by the in-group; instead, their assignments reflected a 75-year-old self that was both still in the in-group but connected with the outgroup. This created contradictions throughout their papers.

It was clear that there were two competing outgroups: a positively stereotyped group and a negatively stereotyped group. Turner, Hogg, Oakes, Reicher, and Wetherell (1987) suggest that individuals self-stereotype to adapt the group's traits as their own. This creates a form of assimilation within the group, where self-stereotyping plays a significant role. Positive stereotypes expressed were that older adults are "warm," "grandmotherly" (Cuddy, Norton, & Fiske, 2005), the "perfect grandparent" (Hummert, 1990; Hummert, et al., 1994), and had unlimited cash flow. By exaggerating these positive stereotypes (e.g., always have fresh baked goods, paying for college funds and family vacations), the students were able to maintain a positive social identity and self-esteem (Tajfel, 1979).

The young "in-group" is consistently reinforced as superior in our society, so by exaggerating the positive aspects of one's group (in this case, the outgroup) to make that group appear better, makes sense (Chonody & Teater, 2016). When moving from one group membership to another, Chonody and Teater (2016) suggest that individuals: 1) refuse or deny they are in the outgroup by taking drastic measures to stay in their current group (such as getting plastic surgery to look young), 2) embrace their membership by focusing only on the positive

traits of the group, and 3) embrace their membership but also advocate for social change (such as fighting against ageism). While none of the students in this study actively discussed drastic measures such as altering their appearances, they did rely on the positive traits of their group to describe themselves and did begin to advocate for older adults, specifically mentioning how to take action against ageism.

The students did sometimes adopt a negatively stereotyped outgroup identity. Negative stereotypes brought up by students, such as becoming lonely or deteriorating physically and mentally, are not consistent with a youthful identity. However, SIT suggests that if individuals in an outgroup believe that the group boundaries are permeable, they actively try to dissociate with the group by pursuing recovery strategies (Tajfel & Turner, 1979). This dissociation was clear in the students' assignments. For instance, a student would comment that older adults are lonely (a negative stereotype), and as a 75-year-old, they would probably be lonely too. However, by staying active in the community, having a solid friend group, and being a part of their family, they could avoid being alone. Negative stereotypes served as a threat of something that can happen if not dealt with.

Overall, the assumptions of SIT permeated throughout the results of this dissertation. What group the students identified with gave them a sense of belonging in the social world and helped define who they were. The students preferred to belong to groups that are valued in society, therefore their responses reflected an older adult who behaves "young," or an individual who presents themselves as what the students believed to be the best attributes of older adults. SIT represents a potentially fruitful framework for understanding self-perceptions of aging in younger adults.

**Terror Management Theory.** Terror management theory was also useful for interpretation of these data. Researchers have demonstrated that individuals rely on various defense mechanisms to protect themselves from the anxiety of their mortality (Boyd, Morris, & Goldenberg, 2017; Halloran & Kashima, 2004). None of the students in this dissertation specifically mentioned their own death or fear of dying. However, the students did present two distinct defense mechanisms to avoid potential anxiety toward death and dying: 1) establishing their significance in their culture and 2) emphasizing their commitment to their health.

TMT explains that one's understanding of their position within a culture can be a type of symbolic defense system to prevent thoughts about death and dying (Pyszczynski, Greenberg, &

Solomon, 1999). Specifically, when individuals are reminded of their mortality, research has shown that they defend themselves by boosting their worth and self-esteem in their cultural system (Rosenblatt, et al., 1989). The students used the “When I’m 75” papers as a platform to establish some degree of personal significance as they aged, therefore increasing their self-esteem. For example, many of the students had very successful careers that allowed them to save and spend their money freely. In addition, they were civically engaged in their community and held an important role in their family unit. The students were upstanding citizens. When their self-esteem or position in their worldview was threatened (e.g., failing health prevented their independence), students highlighted their vulnerability with language such as deterioration, disintegration, or destruction. If they were unable to restore their sense of worth, the students presented scenarios in which it felt as if their lives were over.

Another defense mechanism to avoid anxiety toward death and dying was the students’ reliance on their peak physical and cognitive performance. TMT acknowledges the in-group (being young) and out-group (being old) but focuses specifically on the threat of the out-group (Greenberg, et al., 2002). All individuals, according to TMT, will avoid situations or groups that pose a threat to their survival (Greenberg, Pyszczynski, & Solomon, 1986). Because older people are associated with decline and death, younger adults adopt ageist attitudes to distance themselves, which includes blaming older adults for their current state (Nelson, 2005), or in the case of this dissertation, adopting a more youthful 75-year-old identity.

Scholars note that the body is what inevitably distinguishes the subjective feeling of inner youthfulness of the self from the outer, visible self that fails to meet society’s standards of attractiveness (Calasanti, 2005). This is commonly done through appearance (e.g., dyeing hair, getting botox), but also activity level. As Cruikshank (2013) pointed out, “Sitting around, doing nothing, having no plans, looking out the window for hours at a time are all frowned upon” (pg. 163). Keeping busy or being a “busy body” (Katz, 2000) creates the illusion of control and well-being; old men and women who keep busy resemble those who are in youth and middle age, which according to Cruikshank, keeps the “terror of aging at bay” (pg. 164).

Using TMT, Martens and colleagues (2005) suggested that individuals reflect poorly on aging because of the threat of animality. The threat of animality discusses the vulnerability of the aging body, especially the physical and mental body. Because students very much put an emphasis on their bodies, when their bodies started to reflect something that they are not used to



(pains, aches, disease), they responded in a way that would suggest their life was over. In general, the students' passages reflected happy older adults. However, after they begin to "deteriorate," they lose this happiness and often the autonomy that comes with being a person in society. This fear of deteriorating or becoming dependent in old age reflects westernized thoughts of achievement and productivity (Ron, 2007). This, again, highlights why the students went to great lengths to describe how active and healthy they would be.

### **Implications for Gerontological Pedagogy**

Gerontology programs in the United States are on the decline despite the need for trained professionals who can serve a growing aging population (Pelham, Schafer, Abbott, & Estes, 2012). An analysis of college and university websites from 2000 to 2010 found a decrease of eighty-one programs in gerontology, an overall 11% loss. Most disconcerting is the decline in baccalaureate degrees (-7%), master's programs (-21%) and doctoral programs (-14%) (Pelham, et al., 2012) and certificate degrees (-9%). Gerontological education is a national imperative; the older adult population is rapidly growing and the need for aging professionals is increasing.

For many students, an introduction to gerontology course may be their only formal exposure to the concepts of aging. We know that the development of gerontological pedagogy is important (Zych, 1993), but there is limited knowledge about what is being taught around the nation and to what extent course content reflects the current scope of the discipline. It is imperative that we: 1) understand what is being taught in introductory gerontology courses and 2) know what students are learning from these courses. The assignment "When I'm 75" is a useful assessment tool that allows educators to see what their students learn from the course.

The sixth edition of the Association for Gerontology in Higher Education (AGHE) *Standards and Guidelines for Gerontology and Geriatric Education* (AGHE, 2015) provides resources for individuals who are implementing or revising their gerontological program, including curriculum design for certificates (i.e., baccalaureate and graduate) and degrees at the associate, baccalaureate, masters, and doctoral levels; a definition of a gerontologist; and gerontological competencies that represent some aspects of gerontological education (e.g., foundational, interactional, relevant skills). These recently developed competencies tend to focus on the clinical aspects of gerontology rather than liberal arts, but nonetheless, this manual is a beginning step to propose a tool that helps create and maintain at least a certain type of

gerontological program. However, much of the research on gerontological pedagogy relies on pedagogical strategies (e.g., best teaching practices, active learning assignments; Azria-Evans, 2001; Majeski & Stover, 2007), developing practical possibilities for the course (Formosa, 2002), and how service-learning can impact student learning (Dorfman, Murty, Ingram, & Evans, 2003) as opposed to actual course content. This has created a fragmented approach in the literature to best practices for gerontological pedagogy.

So, what is being taught in an introductory gerontology course? To date, the researcher could find no major studies that examines gerontological curriculum in the United States. Dossey-Newby and Krull (2007) used content analysis of syllabi to compare a sociology of aging course to a social gerontology course. They found a moderate level of agreement between the two syllabi, including an equal focus on social institutions, population, social expectations, and norms. The differences included that the sociology of aging course had wider coverage of sociological concepts, including roles and social stratification of older adults, and the gerontology course focused more on psychological issues of aging. Their suggestions for future research concluded that more needs to be done to understand what is being taught in core courses in gerontology.

Making aging personal is a powerful tool to teaching students in a gerontology or age-related course (Majeski & Stover, 2018). In introductory gerontology courses, educators have added creative assignments such as interviewing older adults (Majeski & Stover, 2018) or service-learning (Dorfman, et al., 2003) to personalize the aging experience and improve attitudes toward older adults. Altpeter and Marshall (2003) discussed five reasons why it is important for gerontological educators to address students' self-perceptions of aging, including helping students: 1) understand how their current health behaviors can affect their future wellbeing, 2) prepare themselves for future changes, 3) understand retirement, 4) understand current age-related policy, and 5) be sensitive to the current needs of older adults. The usefulness of the "When I'm 75" assignment demonstrates what the students have learned from their introduction to gerontology course by having them apply it to themselves at age 75 (i.e., making it personal). These findings can contribute considerably to the development of pedagogical techniques for gerontological education. Although students did not actively apply some of this information to themselves at 75, they still acknowledge it in their papers.

Using Altpeter and Marshall's (2003) reasons for addressing self-perceptions of aging to frame the findings of dissertation, it is clear what the students understood by the end of the semester, and what they needed to work on. First, Altpeter and Marshall suggested understanding current health behaviors and how that effects future wellbeing. The students were incredibly knowledgeable about how health behaviors now could impact their future. They knew that they had to continue to eat healthy, exercise, and stay socially connected to others. However, the students need to understand that in addition to shifting trajectories and life transitions where they might leave or enter a new social role, there is some degree of continuity across the life course.

Regardless, understanding future health behaviors helped the students prepare for any future changes, Altpeter and Marshall's second point. This study demonstrated that students have a strong understanding of the biological aspects of aging, specifically understanding "typical" and "atypical" physiological changes with age. They understand changes in body composition, sensory functions, common chronic diseases, and functional disability. However, despite this understanding, they struggle to connect it to themselves. Although this contradicts the practice of "making it personal" to elicit a better understanding of the topic, it was clear the students still understood this information and could apply it to others.

The students were knowledgeable about health promotion and the benefits of leisure and civic engagement in aging, even though they focused on stereotypical activities such as BINGO or shuffle board. They could define, and at times, critically analyze, social roles, but needed to know more about non-stereotypical roles. Although they hold a stereotypical view of mental disorders (e.g., according to students, most older adults get depression), they understood the impact that changes in cognitive functioning could have on an older adult. Students knew how important a strong informal support system is for their psychological well-being, and how they expected their families to change over time. Finally, they were very knowledgeable about housing patterns of older adults, including aging in place, age friendly communities, and planned retirement housing.

All of this helped the students become sensitive to the needs to older adults, the fifth point discussed by Altpeter and Marshall. It was clear by the end of the semester that the students understood that there are older adults that aren't their grandparents, and that older adults have different needs depending on how they age. Most importantly, the students seemed to humanize older adults, especially when they spoke about experiencing ageism. They were aware of the

concept of ageism, including what it looks like, how it effects people, how they've perpetuated it, and what we can do as a society to stop it. Some were hopeful that ageism would end in their lifetime. Others reflected on their choices as they move forward from the introduction to gerontology course.

What the students struggled with the most was understanding retirement and age-related policy. Perhaps more class time is needed on topics such as Social Security, assets, pensions, and the timing of retirement, or instructors need to find strategies to make it relevant from students. Students should be able to discuss programs and social services that are available to older adults, including Medicare, Medicaid, and long-term care services. With the changing political landscape of the United States, it could, admittedly, be difficult to teach about age policies. However, with the changing demographics of our society and the growing needs to older adults, this must be addressed.

As a discipline, gerontology has produced a rich understanding of aging issues, but yet, pedagogical implications of this scholarship remain largely unaddressed. Gerontological educators need to decide on a concise set of learning objectives for an introduction to gerontology course that helps set goals for students to reach (e.g., a strong understanding of the normal biological changes in the aging body) but does not overwhelm them. The "When I'm 75" assignment provided a clear understanding of what is being assessed and yields valuable information of the understanding of the material. In addition, it uncovered content area that warrants additional coverage in the course (e.g., age-based stereotypes, social policy, economics of aging, etc.) and what students have a firm grasp of. Given the dynamic nature of aging, the "When I'm 75" assignment also opens avenues for further assignments and discussion. For example, changing the age to 85 or having students take the perspective of an older adult with particular characteristics such as a physical limitation could challenge students and elicit completely different responses.

Students who understand the needs of older adults now will not only be able to better understand their own aging process, but help with the challenges a growing aging population presents. The "When I'm 75" assignment is a useful tool to help educators know the baseline understanding of their students, and what needs to be done to remedy incorrect information to help these students move forward in their academic careers.

## **Study Limitations**

As with any study, this dissertation is not without limitations. Interpretive Phenomenological Analysis (IPA) calls for a small, homogenous sample to best represent the detailed perceptions of the group. That was achieved in this dissertation with a sample of predominately white, freshman or sophomore year, female students. The sample is consistent with IPA, a method “concerned with the detailed examination of human lived experience” (Smith et al., 2009, p.32).

This sample was reliant on volunteers and is a convenience sample. All of the students who participated were enrolled in one section of an introduction to gerontology course at a state-supported university, shared generally the same sociodemographic characteristics, and were present in class the day the research and consent form was discussed. No measures were taken to reach students who were not in class that day as the sample size of 24 was sufficient enough. It is entirely possible that a sample of students who were in a different course, were of different sociodemographic backgrounds, or were not absent that day, could have elicited different responses.

Furthermore, due to the interpretative approach of IPA, no two researchers would analyze the transcripts the same and could have arrived at distinctly different conclusions (Schutt, 2014). Themes and conceptual similarities could have been overlooked when interpreting the data; despite the rigor of IPA, this work still remains my subjective interpretations. Additionally, had a different methodological approach been utilized other findings could have been revealed.

A third limitation of this study is that not much is known about the students who participated in this study other than basic demographics. Although I opted not to collect further information about the students, such as their current attitudes about older adults, health behaviors, financial situation, etc., it would have been interesting to examine the findings in light of these characteristics. Finally, the use of a course assignment with pre-formulated prompts as the data source produced a context in which students’ essays most likely were at least in part written to include what they believed the course instructor wanted as opposed to more fluid response to what they thought life at 75 would be.

## **Suggestions for Future Research**

The present results demonstrate the value of investigating subjective perceptions of one's aging. In particular, this study suggests that an examination of the written assignment “When I’m 75” provides insight into how stereotypes, both positive and negative, impact students’ understanding of their aging processes. Future research is needed to further explore self-perceptions of aging in general. In particular, future research using the “When I’m 75” prompt should also collect more quantitative data, specifically information on students’ demographic characteristics, experience with older adults, attitudes toward older adults and death, and subjective health data. This integrated information would provide a more complete and comprehensive understanding of self-perceptions of aging than either quantitative or qualitative approaches alone. For instance, if a student is already dealing with a major health problem, how would their response differ from someone who isn’t? Future research that explores multiple variables along with qualitative responses will provide more insight into what the student reported.

Future research should also examine self-perceptions of aging using longitudinal design. It would be interesting to see how students perceive their aging over time, specifically as they get older, or how stereotypes of aging change throughout the life course. For example, at what point in their life will young adults begin to realize that personal savings alone will not be enough for retirement? If we know self-perceptions of age can impact health (Levy, et al., 2002), at what age should we start exploring how people understand themselves at 75?

Although longitudinal research can provide a more comprehensive understanding, there are logistic considerations. The mechanisms through which longitudinal data are collected would have to expand past the university and into adulthood. Given the cost of longitudinal research, a more feasible future study could explore students over the course of their time at college; more measurement points over a longer data collection (i.e. from freshman year to senior year) could demonstrate potential change over time. It would be worthwhile to see the differences in groups of students, such as those who are in a gerontology major versus those who are not. At this particular university, students typically enter the introductory gerontology course, which fulfills a university wide social sciences requirement, with little to no understanding of aging processes, but we cannot conclude that the students did not already understand some gerontological

concepts. It is entirely possible that a student who is interested in gerontology or aging would self-selected into this course.

Finally, a major limitation of this dissertation was the use of prompts in the “When I’m 75” assignment. It would be interesting to examine students’ essays to a version of the assignment that does not include prompts. For instance, an exciting finding of this study was that students and older adults share the same type of perceptions regarding housing (e.g., nursing homes and assisted living facilities are bad). This was not on the prompt, but rather a fluid response from a substantial portion of the students. Information such as this should be used as a “spring board” for future studies (e.g., students’ perceptions of housing in old age) that further inform gerontological and gerontological pedagogical research.

On the other hand, it would also be advantageous to modify the assignment to give students more categories or even different life scenarios for them to write about, but not collect the assignment for a grade. “Taboo” categories such as sexual experiences at 75 or specific aspects of death and dying (e.g., funeral planning, advanced directives), or the impact of social institutions (e.g. social and health policy) would provide information on aspects of life at 75 that most students ignored in this current study. Moreover, different scenarios, such as being a 75-year-old with a chronic disease, would provide us information on how students would perceive themselves at 75 if they were dealing with frailty.

Regardless, this assignment provides us the opportunity to not only explore what students believe their life is going to be at 75, but also find out what they are learning over the course of the semester. The students in this study were very knowledgeable about age-related changes, but had a challenging time realizing these changes could happen to them. Additionally, they still relied on stereotypes that they have gathered over the life course to inform their work. Perhaps more time needs to be spent in class on stereotypes of aging and individual processes of the aging experience, such as normal age-related physical, mental, and social changes. By combating stereotypes over the course of the semester, student responses might be more knowledgeable.

Older adults are going to increasingly play a significant role in the personal and professional lives of students in our society. Americans are living longer than ever, and with that comes a growing need for trained aging professionals who understand and are sensitive to the needs of older adults. The role of gerontological education is imperative in providing the knowledge needed to combat age-related stereotypes and negative attitudes toward the growing

aging population. More research is needed that explores best practices in gerontological education as well as helpful learning and teaching tools. This dissertation aims to add to this research and inform educators about college-aged students' self-perceptions of aging at 75.



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## Appendix A

### Syllabus, Gerontology 154

#### About Your Instructor

##### **Jennifer Kinney, Ph.D**

- Email: kinneyjm@miamioh.edu
- Phone: 513.529.2915 (office)
- Office: 348 Upham - Office Hours: 1:00-2:30 T & W & by appointment

I'm happy to meet with you outside of class to provide you with additional information and/or answer any questions that you have. If you are not able to meet with me during the office hours listed above, please feel free to schedule an appointment via email.

##### **AviElle Raymore, MA, teaching assistant**

- Email: raymoran@miamioh.edu
- Phone: 513.529.2914 (office)
- Office: 210 Upham Hall - Office Hours:

#### Course Description

This course provides an overview of the processes of aging, with an emphasis on big questions such as Why does aging matter? How do we study aging? Why do people age in different ways? What are the diverse work and living conditions of older adults? and How do formal and informal programs influence the aging experience? The course is designed to provide information that you can use in your professional life (regardless of your major) and in your personal life as family members, friends, and you yourself experience the processes of aging. The course fulfills a social science requirement for the Global Miami Plan (Foundation IIC) and the College of Arts and Science (CAS-C).

This course is designed to be interactive, and you are expected to participate--both in and outside the classroom! Prior to each class session you are expected to complete a variety of activities that will prepare you for the work we will do during class sessions. These activities will include reading (from the text and supplemental sources), watching videos, gathering information from the Internet and the community, responding to prompts and reflecting on what you have experienced. Class sessions will include lectures, demonstrations, and activities. Many in-class activities will involve group work.

#### Required Materials

- Hooyman, N. R., Kawamoto, K. Y., & Kiyak, H. A. (2015). *Aging matters: An introduction to social gerontology*, Boston, MA: Pearson.
- 

This book is available in several options, and I opted for the least expensive option: an unbound "hard copy" of the book pages **and** an access code for a digital (online, interactive) version that you can access through the Canvas course site. That's what you will receive if you buy the book at one of the three bookstores in Oxford. If you purchase the book from another venue, it might

not include access to the digital version. There are several differences between the hard and digital copies of the book; most noteworthy, the hard copy has page numbers, whereas the digital copy does not have page numbers, but the sections in each chapter are numbered. Although this occasionally might cause some confusion, either option of the book should be fine.

### **Assignment Descriptions**

#### **Major Assignments**

Over the course of the semester you will complete related major assignments: 1) a series of personalized life course trajectories, 2) the "“When I’m 75”" paper, and 3) a final group presentation that incorporates information from your "“When I’m 75”" paper and the importance of gerontology in your anticipated professional and personal lives.

**1. Life Course Trajectories/Timelines:** Approximately 4 times during the semester (sometimes in class, sometimes out of class), you will be asked to complete a life course trajectory (timeline) that addresses a specific aspect of your life so far, and an anticipated/possible trajectory for that domain. Each life course trajectory will be worth a total of 50 possible points. You should incorporate information from the trajectories you create in your final "“When I’m 75”" paper.

**2. "When I’m 75" Paper:** Your "“When I’m 75”" paper will reflect your best assessment of what your life will "look like" when you are 75 years old. The paper will document your expectations in multiple life domains and will compare your current expectations to your ideas about your future self prior to the course. Your "“When I’m 75”" paper is worth a total of 100 possible points.

**3. Final Group Presentation:** The purpose of your group presentation is to discuss the relevance of gerontology to your major and/or your future professional (and personal) life. The final group presentation is worth a total of 100 possible points.

#### **End of Chapter Discussion Questions**

End of chapter discussion questions demonstrate the extent to which you have mastered the key content from the text book. Responses to end of chapter discussion questions, which are posted on this site, should be submitted to canvas before class each Friday. Some discussion questions will serve as the foundation for in class activities. Each set of questions is worth a total of 10 possible points.

#### **Out Of Class Activities**

Out of class activities are opportunities for you to apply what you are learning in a specific context and will often be used as "starting points" for our class sessions. You are expected to complete several out of class activities each week. Guidelines for completing each out of class activity are posted on this site, as are the instructions for submitting the activities. Each out of class activity is worth a total of 10 possible points.

#### **In Class Activities**

In class activities ask you to integrate and apply information you've acquired, often times while working with other students. We will do several in class activities each week. Because you are

expected to attend class, in class activities will not be assigned points. Rather, they will be evaluated on a credit/no credit basis, where "credit" means you did an acceptable job and "no credit" means either you were absent/did not complete the assignment or you completed it but did not do so adequately. The percentage of in class activities for which you receive credit will be factored into your final grade.

### **Grading Information**

#### **Percentages**

- Major Assignments (life course trajectories/timelines, “When I’m 75” paper, final group presentation): approximately 40% of your final grade
- End of Chapter Discussion Questions (14 sets @ 10 points each): approximately 15% of your final grade
- Out of Class Activities (4 per week for 14 weeks @ 10 points each): approximately 20% of your final grade
- In Class Activities (3 per week for 14 weeks @ 10 points each): approximately 20% of your final grade

#### **Letter Grade Definition**

- A+ > 97%
- A > 93%
- A- > 90%
- B+ > 87%
- B > 83%
- B- > 80%
- C+ > 77%
- C > 73%
- C- > 70%
- D+ > 67%
- D > 63%
- D- > 60%
- F < 60%

### **Netiquette Expectations**

At Miami University there are two core principles: love and honor. Those principles should not only be applied in the face-to-face classroom environment, but in the online course space as well. Diversity has many manifestations, including diversity of thought, opinion, and values. We encourage all learners to be polite and respectful of that diversity and to refrain from inappropriate or offensive commentary. If inappropriate or offensive content is either emailed or posted on the class site, the teacher may recommend college disciplinary action. Students guilty of academic misconduct, either directly or indirectly through participation or assistance, are subject to disciplinary action through the regular procedures of the student’s home institution. Learners as well as faculty should be guided by common sense and basic etiquette. Criticism should be presented in a positive light. The following are good guidelines to follow:

- Never post harassing, threatening, or embarrassing comments.
- Never post content that is harmful, abusive; racially, ethnically, or religiously offensive; vulgar; sexually explicit; or otherwise potentially offensive.
- Never post, transmit, promote, or distribute content that is known to be illegal.
- If you disagree with someone, respectfully respond to the subject, not the person.

Remember that “tone” can usually be detected accurately in verbal communication, but often can be misunderstood in electronic communication. Because of this phenomenon, we encourage you to err on the side of politeness.

\*adapted from Regents Online Campus Collaborative

### **Academic Integrity**

Academic Integrity is at the heart of the mission and values of Miami University and is an expectation of all students. Maintaining academic integrity is a reflection of your character and a means to ensuring that you are achieving the outcomes of this course and that your grades accurately reflect your learning and understanding of the course material.

Cutting corners or cheating in this class will result in cheating yourself out of learning. This class is a foundational course in the major. If you do not understand the concepts learned in this class, you will struggle in your future classes and in your future job. Cheating now may lead to a future of cheating and other unethical behavior to cover up the fact that you didn’t learn what you were supposed to learn. Try your best, ask questions, and be ethical. Don’t be a cheater!

Academic integrity is a partnership between me, as the instructor, and you, as the student. My role, as instructor of this course, is to facilitate learning and to provide you with clear guidelines and feedback to help you maintain your academic integrity. Your role in this course is to take responsibility for your learning and to complete all assignments in an honest manner and to ask for clarification from me if you are unsure of how to do so.

[Student FAQ on Academic Integrity \(Links to an external site.\)](#)

### **Suspected Dishonesty**

Any suspected instances of academic dishonesty will be handled under Miami University’s Academic Integrity policy found in Part 1, Chapter 5 of the Student Handbook ([http://www.miamioh.edu/files/documents/secretary/Student\\_Handbook.pdf](http://www.miamioh.edu/files/documents/secretary/Student_Handbook.pdf) (Links to an external site.)). Please review this policy, and note that lack of knowledge or understanding of the appropriate academic conduct is not an excuse for committing academic dishonesty.

### **ADA & Students with Disabilities**

Miami University is committed to ensuring equal access to students with disabilities. Miami’s Office of Student Disability Services (SDS) assists students with determining eligibility for services and accommodation planning. Students who are entitled to disability-related academic adjustments, auxiliary aids, etc., must register with SDS to receive accommodations in university courses. Please understand that formal communication from SDS

must be presented prior to the coordination of accommodations for this course. For more information, students may contact SDS at (513) 529-1541 or via email at [sds@miamioh.edu](mailto:sds@miamioh.edu). To view the accessibility statement from Canvas follow [this link](#).

Appendix B  
IRB Consent Form and Questionnaire

RESEARCH PARTICIPANT CONSENT FORM

I understand that I am being asked to participate in a study regarding my ““When I’m 75”” course papers titled, ““When I’m 75”: College Students' Self-Perceptions of Aging”. I am aware that I must be at least 18 years of age to participate. I understand that I am filling out a questionnaire regarding my demographic information and experiences with older adults, as well as giving permission to release my written assignment, ““When I’m 75””, to Sarah Hahn, a doctoral associate in Miami University’s Sociology and Gerontology Department. This release includes the written assignment completed at the beginning of the semester and at the end of the semester.

I understand that my papers will be used in a dissertation completed by Sarah Hahn; I am aware that my instructor will not have any identifiers to who released their information. I am aware that my participation is completely voluntary. Confidentiality of my responses will be held to the highest degree possible; I will remain completely anonymous during the study; any identifiers in my paper will be removed and will not be used in the dissertation’s final product. Demographic information (number of participants, gender, class year, and major) will be collected and reported as an aggregate; they will not be connected to individual papers. I am aware that the professor and principal investigator will not know who participated in this research project until final grades have been submitted.

I am aware that not participating in this study will have no consequences. There are little to no risks involved with my participation. My participation will contribute to the knowledge and understanding of undergraduate’s attitudes toward personal aging and older adults. Results from this study may be used in scholarly publications or presentations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] YES - I agree that my pre- and post- written reflections may be used for research purposes.  
[ ] NO - I do NOT agree that my pre- and post- written reflections may be used for research purposes.

By completing the survey, you indicate consent to use your demographic data.

Additional information:

Questions regarding the study can be directed to Sarah Hahn, Sociology and Gerontology Department, Miami University, at (513)-529-2914. Her mailing address is Department of Sociology and Gerontology, Miami University, 210-E Upham Hall, Oxford, OH 45056.

For any questions regarding human research and my rights as a research participant, I may contact the Office for the Advancement of Research and Scholarship at 513-529-3600 or [humansubjects@miamioh.edu](mailto:humansubjects@miamioh.edu) to voice my concern.

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#### CONTACT INFORMATION

Thank you for your willingness to participate in our study. Your feedback is greatly appreciated! If you have any questions or concerns, please feel free to contact Sarah Hahn at any time.

Sarah Hahn, MGS  
Sociology and Gerontology  
Miami University  
210- E Upham Hall  
Oxford, OH  
(513)-529-2914  
[hahnsj2@miamioh.edu](mailto:hahnsj2@miamioh.edu)

For any questions regarding human research and your rights as a research participant, contact the Office for the Advancement of Research and Scholarship at any time.

Office for the Advancement of Research and Scholarship  
513-529-3600  
[humansubjects@miamioh.edu](mailto:humansubjects@miamioh.edu)

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#### BRIEF QUESTIONNAIRE

1. What is your current age?
2. What is your gender?
  - Female
  - Male
  - Other
3. What is your current major?
4. What are your other major(s)? [If you only have one major, indicate "none"]
5. What is/are your other minor(s)? [If you do not have a minor, indicate "none"]
6. What is your current year in college?
  - First Years
  - Sophomore
  - Junior
  - Senior/Super Senior
  - Other



7. Thinking about your life to date, about how much experience do you have with older adults in your personal/family life?

None  
Little  
Some  
A Lot

8. Thinking about your life to date, about how much experience do you have with older adults in your professional / work life?

None  
Little  
Some  
A Lot

9. Thinking about your life to date, about how much experience do you have with older adults through school programs (e.g., service learning program) and/or volunteer activities.

None  
Little  
Some  
A Lot

Appendix C  
“When I’m 75” Grading Rubric

(Adapted from modifications made by Cecilia Shore and Beverley Taylor to the Washington State University Critical Thinking Rubric)

Critical Thinking Skill	Substantially Developed 20-17	Moderately Developed 16-11	Minimally Developed 10-6	Scant 5-0
1. Identifies and summarizes the problem/question (i.e., student’s awareness of patterns, gaps, biases in her/his own thinking in the original essay)	<ul style="list-style-type: none"> <li>identifies the main issue and subsidiary, embedded, or implicit aspects of the issue and identifies them clearly, addressing their relationships to each other</li> <li>identifies not only the basics of the issue, but recognizes nuances of the issue</li> </ul>	<ul style="list-style-type: none"> <li>identifies the main issue and some but not all of the complexities or nuances associated with the issue</li> <li>demonstrates a good understanding of the assignment and related course material</li> </ul>	<ul style="list-style-type: none"> <li>identifies the problem or question but does not acknowledge subsidiary or implicit aspects of the problem</li> <li>demonstrates a basic understanding of the assignment</li> </ul>	<ul style="list-style-type: none"> <li>does not identify and summarize the purpose of the paper, is confused about the purpose or doesn’t adequately describe the purpose of the paper</li> </ul>
2. Identifies existing, relevant knowledge and views				
	Substantially Developed 20-17	Moderately Developed 16-11	Minimally Developed 10-6	Scant 5-0
• use of appropriate gerontological vocabulary	• uses standard gerontological terms and concepts and it is clear that the student understand the nuances of the concepts	• uses standard gerontological terms and concepts appropriately	• uses a few key gerontological terms, but not always appropriately/misses opportunities to identify concepts and theories in explanations	• does not use standard gerontological vocabulary

	Substantially Developed 20-17	Moderately Developed 16-11	Minimally Developed 10-6	Scant 5-0
• extent to which errors/omissions are identified	• thoroughly identifies errors/omissions in the original essay and provides detailed elaboration in the critique	• identifies some errors/omissions in the original essay and adequately corrects them in the critique	• identifies some errors/omissions in the original essay but does not adequately correct them in the critique	• major errors in original essay are ignored or not corrected in the critique
• use of evidence (data, statistics) to support claims	• all information is factually correct and clearly stated  • excellent balance between personal/practical reactions and application of theory and/or research	• corrections in the critique are accurate, with only minor conceptual misunderstanding or lack of clarity  • good balance between personal/practical reactions and application of theory and/or research, but the two are not well integrated	• some inaccurate statements are made in the critique  • tends too much toward discussing personal/practical reactions to issues; need to include analysis of these experiences using theory and research OR tends too much toward discussing theory and/or empirical findings; needs more in-depth descriptions of personal/practical experiences to illustrate the theory and research	• major omissions in original essay are not addressed in the critique  • offers personal reactions, but doesn't use theory and/or research to analyze the issue; doesn't compare personal experiences to theory or research OR reviews theories and/or research without including personal reactions
	Substantially Developed 20-17	Moderately Developed 16-11	Minimally Developed 10-6	Scant 5-0
3. extent to which revised statement of life at 75 is realistic based on	• fully captures the important of the major contextual factors and	• recognizes the important of the major contextual	• discusses the importance of some contextual factors (e.g., racial/ethnic identify,	• does not specifically discuss multiple contexts

identification of the major contextual factors that shape the aging experience (i.e., identifies and considers the influence of context on the issue)	discusses how the contexts “play out” and intersect	factors and discusses how the contexts “play out”	gender, culture, economic, political), contexts, but fails to consider some important context(s) and/or how they “play out”	that shape the aging experience
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